



House of Commons
Children, Schools and Families
Committee

**Sure Start Children's
Centres**

Fifth Report of Session 2009–10

Volume I



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Report, together with formal minutes

*Ordered by the House of Commons
to be printed 15 March 2010*

HC 130-I
[Incorporating HC 799-i and -ii, Session 2008–09]
Published on 29 March 2010
by authority of the House of Commons
London: The Stationery Office Limited
£0.00

The Children, Schools and Families Committee

The Children, Schools and Families Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Department for Children, Schools and Families and its associated public bodies.

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Mr Andy Slaughter MP (*Labour, Ealing, Acton and Shepherd's Bush*)

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Conclusions and recommendations

The development of Children's Centres

1. The Sure Start programme as a whole is one of the most innovative and ambitious Government initiatives of the past two decades. We have heard almost no negative comment about its intentions and principles; it has been solidly based on evidence that the early years are when the greatest difference can be made to a child's life chances, and in many areas it has successfully cut through the silos that so often bedevil public service delivery. Children's Centres are a substantial investment with a sound rationale, and it is vital that this investment is allowed to bear fruit over the long term. (Paragraph 16)

The purpose of Children's Centres and their services

2. We believe that the many, varied and interconnected ways in which Children's Centres can influence the lives of children and their families constitute a strength, rather than a weakness, in the programme. We do not consider that fostering wider benefits for families and the community necessarily undermines a Children's Centre's primary focus on children; rather, it is a welcome recognition that children's ability to flourish is profoundly affected by their immediate environment. (Paragraph 21)
3. Putting the holistic ideals of Children's Centres into practice is a challenging aim, and it demands vigilance over the quality of individual services and interventions so that none are neglected. For the programme to work to its full potential, therefore, services must be evidence-based and practitioners highly skilled. This is nowhere more true than in the early education and care provision, and we welcome the Minister's statement that this element of Children's Centres' work should have "primacy". As in all types of educational provision, the vision and commitment of Centre leaders is decisive to their effectiveness. (Paragraph 22)
4. The reduction of child poverty must be at the forefront of the thinking of Children's Centres leaders and practitioners. The element of the core offer relating to the services of Jobcentre Plus would, in our view, be more effectively expressed as a commitment to support families' economic wellbeing. This would encompass not only Jobcentre Plus input but also skills and training opportunities, and a range of advice aimed at helping families achieve financial independence. (Paragraph 26)
5. It is not clear how the Government expects Children's Centres to square the circle of providing the highest-quality integrated care and education in the most disadvantaged parts of the country on a self-financing basis. Neither the quality of the education nor the accessibility of the care should be compromised; we urge the Government instead to consider formalising and increasing the degree of subsidy that in effect already exists for these settings. This would have to be done with due consideration for the impact on local childcare markets. (Paragraph 29)

6. The involvement of early years qualified teachers is essential to the ambitions of Children's Centres to provide the highest quality early years experiences. We urge the Department to collect information as soon as possible about the number of qualified teachers employed in Children's Centres that offer integrated education and care, and the nature of their roles. It is essential that practice in Children's Centres reflects the lessons of the EPPE research; the requirement for early years qualified teacher posts should be increased to achieve this if necessary. (Paragraph 31)
7. A greater degree of clarity and detail in the strand of the core offer relating to outreach and family support would be welcome. Children's Centres should have a precise idea of what they mean by outreach and family support, as expressed in the outcomes they are aiming for and manifested in a range of activities which have a clear rationale and theoretical basis. (Paragraph 34)
8. We do not consider that it would be helpful at this stage in Children's Centres' development to require them to extend their formal remit beyond the 0–5 age group, although we advise the Government to recognise and evaluate the impact of well-established Centres that have developed their services in this way. Children's Centres are, however, beginning to provide an excellent model for multi-agency working across professional boundaries that services for other age groups should seek to emulate. We encourage the Government to exploit the expertise and experience of Children's Centres leaders and practitioners in the development of youth services and extended services in schools in particular. (Paragraph 36)

Expansion

9. Expansion of the Children's Centres programme to all communities has been necessary to ensure that all children and families in need of help can get it. It would be a backwards step to consider restricting access again only to those living in areas which are generally categorised as disadvantaged. We consider that resourcing Children's Centres outside the most disadvantaged areas at a lower level represents at present a regrettable but necessary compromise between focusing on concentrated deprivation and making access available to all vulnerable children. (Paragraph 51)
10. However, we are concerned that simply placing services called 'Children's Centres' in all communities does not necessarily guarantee that all families will benefit from the Sure Start model of integrated working. We recommend that the Government assess the extent to which Phase Three Centres are able to replicate meaningfully the most salient and valuable elements of the approach of successful Phase One and other long-established Centres. Vulnerable children living in Phase Three areas are not necessarily less needy than those in the 30% most disadvantaged areas, and we seek evidence that the benefits of integrated early childhood services are available also to them through these different models of delivery. (Paragraph 52)
11. Many Sure Start Local Programmes successfully fostered community ownership and partnership, in some cases re-casting the relationship between professionals and service users. The Government properly encourages Children's Centres to involve parents and carers in planning, delivery and governance. However, too much of the

guidance is couched in language that implies a traditional division between service provider and community, with the former having a duty to consult and take advice. Identification of best practice in community involvement rather than consultation, and spreading this best practice to all Centres, should be priority areas of action for the Children's Centres programme. (Paragraph 68)

12. The expansion of Children's Centres has been an ambitious programme with laudable aims. We support the Government's goal of universal coverage, but the speed of the rollout has posed serious problems in some local authorities in terms of buildings, staffing and community engagement which could have been ameliorated by a more measured approach. As well as evaluating the impact of Children's Centres services, the Department should undertake an evaluation of the rollout process, so that lessons can be learned for the future. (Paragraph 72)
13. The network that is now in place must be considered work still in progress. Expansion should not just be about numbers of Centres; service quality, staff skills, team and partnership working and Centres' relationship with the community must all be monitored for continuing improvement. The Department contracted with a national delivery partner, Together for Children, to help local authorities reach their numerical targets; it must now turn its attention to how local authorities can be helped to raise quality throughout their Children's Centres. (Paragraph 73)
14. Pressure on the public purse could conceivably come to bear on Children's Centres in two main ways: a retreat to a smaller number of Centres, or a pruning of the range of services delivered by them. We consider that either course of action would undermine the programme to an unacceptable degree and jeopardise the long-term gains from early intervention. Local authorities are now responsible in law for providing sufficient Children's Centres for their community; we would not wish authorities to be bequeathed an underfunded statutory duty. (Paragraph 74)

Impact and evaluation

15. We recommend that the Government investigate the need for a qualification specific to Children's Centre outreach work, based on the experiences of long-standing Centres with a track record of success in engaging vulnerable families. This need not replace entirely the variety of qualifications which outreach workers currently hold, but it could supplement them by spreading best practice and defining the outreach role more sharply in relation to the roles of other professionals. (Paragraph 91)
16. The Government must investigate ways in which information captured locally about how successfully Children's Centres are reaching the most vulnerable can be given a more robust basis, such as by requiring standardised data sets to be made available by the responsible agencies, and can be aggregated to produce a nationwide picture. (Paragraph 93)
17. In order to evaluate the cost-effectiveness and value for money of Children's Centres nationally, the Government must make more effort to work out the totality of funding that is supporting Centres, including resources from the Departments of

Health and for Work and Pensions. It is unacceptable that such basic information remains apparently unknown. (Paragraph 98)

18. We recommend that the Government commission research into the ramifications of population mobility for the delivery and impact of early childhood services including Children's Centres. We also recommend that the Government issue guidance on how Centres in areas with highly mobile populations can undertake effective evaluation of their services. (Paragraph 103)
19. We recommend that the Department assess the need for training Children's Centre staff and leaders in the techniques and mindset they will need in order to become 'practitioner-researchers'. There is huge potential for Children's Centres to be hubs of workforce learning and continuous improvement, and we are concerned by reports that the good work of Early Excellence Centres in this respect has not been mainstreamed within Children's Centres. (Paragraph 108)
20. Children's Centres have the potential to transform children's services by leadership and by example. We recommend that the Government recognise these effects when assessing the full impact of the programme. (Paragraph 113)
21. In order to fulfil their potential for improving children's lives, Children's Centres with proven expertise in early learning need to have the time, skills, resources and remit to promote quality learning in other early years settings and in the home. We recommend that supporting other settings should be an aspect of these Centres' work which is reflected in the core offer, and against which they are assessed. (Paragraph 114)
22. It is essential that Children's Centres are given time to prove their worth. Some Centres are not open yet and the majority of those that are open have been in place for less than four years. It would be catastrophic if Children's Centres were not afforded long-term policy stability and security of funding while evaluation is ongoing. (Paragraph 119)
23. We consider that it would be unwise to remove the ring-fence around Children's Centres funding in the short or medium term; putting Centres at the mercy of local vicissitudes would risk radically different models and levels of service developing across the country, with differences out of proportion to the variation in community needs. (Paragraph 125)
24. Local authorities clearly require more reassurance about future funding than they have so far received. Uncertainty in this regard is hampering long term planning and constructive voluntary sector involvement. (Paragraph 126)

Partnership

25. We welcome the Minister's assurance that issuing guidance about information sharing between health professionals and others is a priority for the Department. We recommend that it contain a clear statement that new births data in particular must be shared with Children's Centres. (Paragraph 134)

26. It is unacceptable that GPs are able to categorise co-ordination with other services for children's well-being as an optional, 'spare time' activity. The Secretaries of State for Children, Schools and Families and Health must urgently follow through on the good intentions expressed in the joint child health strategy, published in 2009, to ensure that GPs play a full, active role in collaborative services for children and families, and in Children's Centres in particular. (Paragraph 136)
27. We believe that it was a backwards step to end formal Department of Health responsibility for the Sure Start programme at ministerial level, a situation which has carried over to Children's Centres. This is clearly not the only reason why local health services are not consistently involved in Children's Centres either strategically or operationally—there are many practical and professional reasons why collaboration is difficult. Nonetheless, the Government should lead from the front by establishing joint DCSF and Department of Health responsibility for Children's Centres. The first task of the Ministers who take on this role should be ensuring that Children's Centres are prominently and consistently reflected in both Departments' policy priorities and performance frameworks. (Paragraph 142)
28. Health visitors have an immensely valuable role to play in co-ordinating health provision at Children's Centres and in maintaining links to other health professionals, especially GPs. It is vital that health visitors in all parts of the country are fully bound in to Children's Centres to allow Centres to reach their full potential as hubs for all services for children under five. (Paragraph 146)
29. The Government's default position that the shape of services delivered through Children's Centres should be determined locally is welcome. However, where research and pilot projects give clear indications of the features of effective services—such as the type of Jobcentre Plus involvement that gets the best results—local negotiations should be backed up by a clear expectation nationally that best practice should become common practice. (Paragraph 149)
30. Children's Trusts are still young organisations. This Committee and its successors will take a keen interest in how they develop, particularly whether they prove successful at improving the consistency of partnership working with schools, Jobcentre Plus and Primary Care Trusts. The Government should consider ways in which Children's Trusts can be used as a mechanism for ensuring that all partners take ownership of Children's Centres as a core activity of their own organisation. (Paragraph 157)
31. Children's Centres can benefit greatly from the skills, expertise and distinctive approach of voluntary sector organisations. We are concerned to hear that in some cases, organisations have felt excluded either from opportunities to run Centres on behalf of local authorities, or opportunities to contribute to the range of services on offer. We recommend that the Government consider making it compulsory for Children's Centre advisory boards to include local voluntary and community sector representation. This would aim to ensure that Children's Centres give these organisations a platform for their services rather than competing with them. (Paragraph 161)

Summary

Sure Start Children's Centres aim to provide integrated services for children under five and their families at accessible community locations. Although a few pioneering integrated centres have been in existence since the 1970s, as a national programme Children's Centres have expanded to become a universal service in the space of twelve years. Their model of breaking down silos between professions to provide seamless support for young families is a positive influence on the delivery of all services for children, and should be considered an exemplar for services for older young people.

Sure Start has been one of the most ambitious Government initiatives of recent decades and its aims and principles have commanded widespread support. Children's Centres have been based on research evidence and a sound rationale, but have not yet decisively shown the hoped-for impact. This should not be a cause for panic. The nature of the problems which Children's Centres are attempting to address and the short history of the service mean that it will only be possible to evaluate the full impact over the long term. In the meantime Centres must be given financial and policy stability. It would be catastrophic if short-term financial pressure on the service jeopardised the chances of realising and evaluating long-term gains for children and communities.

The unambiguous belief of those who work in the sector is that Children's Centres are bearing fruit in a way that is demonstrated by the experiences of individual families who use them. However, there is also a proper and necessary awareness that evidence about outcomes must be collected more systematically and rigorously—a process hampered in many areas by lack of data. In particular, information that would allow Children's Centres to be assessed for value for money is still more difficult to come by than it should be, although work in this area is progressing. At the national level there is a significant gap in the information about the totality of resources being spent on or through Children's Centres.

Children's Centres host and deliver an array of different activities and services, which has given rise to some concerns that their focus can be too diffuse. However, while early education and care is clearly at the heart of Children's Centres' aims for child development, they should not be limited to just one way of bringing about positive change for families. As children's ability to flourish is profoundly affected by their family and community environment, efforts to address these factors are valid and important ways to support the child. This includes giving families help to improve their economic wellbeing.

The rollout of Children's Centres to universal coverage has been rapid and not without controversy. In some parts of the country, capacity to manage capital projects, availability of suitably qualified staff, and engagement with the community have lagged behind the ambitious timetable. It is feared by some that implementing a universal service runs the risk of diluting the focus and resources expended on the most disadvantaged. However, only universal coverage can ensure that all the most disadvantaged children, wherever they live, can benefit from the programme; this was the right policy to pursue. It is essential that the Government continues to fund the programme sufficiently to maintain the universal

coverage for which local authorities are now responsible.

Nevertheless, the Government must be vigilant about the extent to which later phases of the rollout—which are significantly less well-resourced—are able meaningfully to demonstrate the salient features of integrated, multi-agency service delivery. With a national network of Centres in place, there must now be a constant focus on raising the quality of staffing and services, and on improving the performance of Centres in reaching the most vulnerable families. Children's Centres have a number of advantages over traditional public services in engaging with those least likely to be in touch with them, but it remains perhaps the most difficult of their tasks. This important work should be supported by more robust data and by a sharply defined role for qualified outreach workers.

Children's Centres were preceded by several other initiatives for very young children and their families, all of which were drawn on to form the essential elements of Children's Centres. Sure Start Local Programmes pioneered a community development approach to meeting young families' needs, a factor that was felt to be crucial to encouraging hitherto reluctant families to engage with services. There is a measure of concern that this approach has not been preserved under local authority management of Children's Centres, and the experience and expertise of the Local Programmes should be more consciously built upon in this respect.

From the Neighbourhood Nurseries Initiative, Children's Centres inherited the purpose of making high-quality childcare affordable and available for parents on low incomes. This appears almost impossible to achieve in every area through market forces alone, and an element of subsidy for Children's Centres education and care settings should therefore be considered valid in the most deprived areas.

Early Excellence Centres promoted a firm emphasis on the quality of educational experience within settings for under-fives, which research has shown to be decisive in improving educational outcomes over the longer term. This element of Children's Centres' 'offer' must be supported by ensuring that there is sufficient input from qualified early years teachers and by acknowledging the capacity of Children's Centres to improve learning experiences in other settings, including the home.

Partnerships between education and care, health services, voluntary sector organisations and other services supporting families are at the heart of the Children's Centre approach. These partnerships are working well in many places, but are still too patchy. Among health agencies in particular there is a worryingly mixed picture, a situation which is not helped by the distance between some GPs and Children's Centres, and the failure at ministerial level to replicate the degree of joint responsibility for Children's Centres that is sought locally. Where the features of effective partnership working are known, the Government must set a clear expectation that these be replicated throughout the country, rather than left to local negotiation. The role of Children's Trusts must be developed in a way that means all partners come to 'own' Children's Centres as part of their core business. Children's Centres must also ensure that they benefit from the skills, expertise and distinctive approach of voluntary sector organisations.

Introduction

1. By March 2010, the Government's intention is to have in place 3,500 Sure Start Children's Centres, catering for every community in England.¹ This has been a programme of astonishing ambition; although some similar, isolated provisions have been in existence since the 1970s, the first steps towards a national programme were taken only in 1998, and Sure Start Children's Centres themselves did not come into existence until 2004. They will shortly be more numerous than state secondary schools. An entirely new form of public services, and a new way of configuring provision for very young children and their families, has been brought into being and made available to all in just twelve years. The 2010 deadline for expansion, and the passage of legislation in 2009 putting Children's Centres on a statutory footing for the first time, seemed to us appropriate milestones for reflection on the Children's Centres project: what is it aiming to achieve, how far is it fulfilling its aims, has the expansion been justified and well-handled, and what barriers remain to Children's Centres fulfilling their potential?

2. We issued a call for written evidence on 27 July 2009, and received over 70 submissions, from voluntary organisations, researchers, local authorities and individual Children's Centres. The themes and questions raised in these submissions were then explored through a programme of oral evidence from October 2009 to January 2010; witnesses who took part are listed at the back of this report. We also visited Queen's Park Children's Centre in Westminster, where we had the opportunity to meet members of the team representing several different professions and hear how they feel their Children's Centre is assisting families and young children in the Queen's Park community. We are very grateful to all those who allowed us to benefit from their knowledge and insight, and to our Specialist Advisers, Dame Gillian Pugh, John Coughlan and Professor Christine Pascal.²

1 Throughout this report we refer to 'Sure Start Children's Centres' and 'Children's Centres' interchangeably. 'Sure Start' is generally used to refer to the whole programme and the element of continuity with Sure Start Local Programmes, which are discussed in Chapter 1.

2 Dame Gillian Pugh is Chair of Trustees of the National Children's Bureau, a member of the Children's Workforce Development Council, Visiting Professor at the Institute of Education, President of the National Childminding Association, Vice President of Early Education, and a member of the Early Education Advisory Group. John Coughlan is Director of Children's Services at Hampshire County Council, a member of the Association of Directors of Children's Services, and a member of the Governing Council of the National College for Leadership in Schools and Children's Services. Professor Christine Pascal is Research Director of the Centre for Research in Early Childhood, and Director of Amber Publications and Training.

1 The development of Children's Centres

What are Children's Centres?

3. Sure Start Children's Centres are designed to offer children under five years of age and their families access to integrated early childhood services "when and where they need them".³ Many are accommodated in their own premises; others share premises or are based on several sites, with the defining feature being their unique way of getting public agencies to work together rather than a bricks and mortar presence. As noted above, the Government's intention was that by March 2010 there will be one Centre "for every community": 3,500 Centres across England. Over 3,100 Centres had been designated by October 2009.⁴ The Apprenticeships, Skills, Children and Learning Act 2009 places a duty on local authorities to establish and maintain sufficient numbers of Children's Centres in their area to meet local needs.

4. The definition of a Children's Centre in the Childcare Act 2006, as amended by the Apprenticeships, Skills, Children and Learning Act 2009, is

"a place, or a group of places

a) which is managed by or on behalf of, or under arrangements made with, an English local authority, with a view to securing that early childhood services in their area are made available in an integrated manner;

b) through which each of the early childhood services is made available; and

c) at which activities for young children are provided, whether by way of early years provision or otherwise."⁵

The definition of "early childhood services" is in the Childcare Act 2006. It covers: early years provision, social services relating to young children, parents or prospective parents, the provision of assistance in accessing employment and training to parents, and the provision of information and assistance to parents about childcare and any other relevant services. The Department has set out the range of services which all Children's Centres must provide (known as the 'core offer'):

- Information and advice to parents on a range of subjects including looking after babies and young children, the availability of local services such as childcare;
- Drop-in sessions and activities for parents, carers and children;
- Outreach and family support services, including visits to all families within two months of a child's birth;

3 Ev 179

4 Ev 180

5 Apprenticeships, Skills, Children and Learning Act 2009, section 198

- Child and family health services, including access to specialist services for those who need them;
- Links with Jobcentre Plus for training and employment advice; and
- Support for local childminders and a childminding network.

5. Children's Centres serving the 30% most deprived communities must in addition offer integrated early education and childcare places for a minimum of 5 days a week, 10 hours a day, 48 weeks a year.⁶ Children's Centres outside these areas need not include full-day childcare unless there is unmet demand in the area, but all Centres are expected to have some activities for children on site.⁷ New Children's Centres are 'designated' and counted towards the total number when they have a specified minimum level of services and plans for further services in place. The full range of core offer services must be in place within two years of designation—by September 2009, 55% of designated Centres were deemed to be delivering the full core offer.⁸ Children's Centres also have flexibility to host or deliver additional services according to their assessment of local need, and so the range of activities taking place under their aegis can be vast.

6. A list of services, however, cannot adequately capture the ethos and ambition of Sure Start Children's Centres. Jenny Martin, leader of the Leys Children's Centre in Oxford described the experience that The Leys offers for families and children, a picture familiar from our experiences of other well-established Centres:

Much of the provision is 'open access', and there is additional specialist support for more vulnerable families. In an open access session we see a real variety of families. There are mothers with experience of post-natal depression, children and mothers with trauma from domestic violence, whole families with borderline child protection concerns and often, families who are simply lonely through being newly arrived on a big and seemingly scary estate. Frequently, families experiencing these difficulties do not have any extended family support and so the opportunity to meet with other families is invaluable and effective in reducing their isolation. When parents come along to these sessions, they find a sense of community, playmates for their children and perhaps a friend or other who has been through similar experiences. They will be offered opportunities to further their own learning or personal development and perhaps specialist intervention (e.g. through a lead professional or key worker). We see vulnerable children befriending or at least playing alongside more confident, well socialised children. Again, we know from EPPE⁹ that these experiences can really begin to break (costly) cycles of deprivation.¹⁰

6 'Integrated early education and care' refers to a provision in which staff take a pedagogic approach to the child's development as well as catering to the needs of the child's family—among these the need for parents to have a childcare facility enabling them to work. According to the Early Excellence Centres evaluation, the staff of an integrated provision have a shared philosophy and working practices, and the user will experience the provision as a cohesive whole.

7 Ev 181

8 Memorandum by the National Audit Office, *Sure Start Children's Centres* (December 2009), paragraph 1.4

9 The Effective Provision of Pre-School Education project; see paragraph 14 below

10 Ev 276

The evolution of Sure Start Children's Centres

7. Sure Start Children's Centres were preceded by several distinct early years initiatives: Early Excellence Centres, the Neighbourhood Nurseries Initiative, and Sure Start Local Programmes.

The early years evidence base

8. In the late 1990s, research arising from a number of experimental projects, principally in the United States, encouraged efforts to think about how better services for very young children could improve life outcomes and reduce public spending in the long term. These programmes included Head Start, the Perry Pre-School Programme, Chicago Child-Parent Centres and the Abecedarian Project. There is some debate as to the extent to which the initiatives which were then adopted in the UK were based on this body of evidence—Norman Glass, the Treasury official who led the cross-departmental review of services for young children in 1998, preferred the term “evidence-influenced”.¹¹ Nevertheless, the evidence base was used to make the case that comprehensive early years interventions could produce better long-term outcomes for children, and that some sort of programme should therefore be developed for an age group hitherto relatively neglected by policymakers.¹²

9. A wide range of early years experts were involved in the cross-departmental review that resulted. The review's findings were that disadvantage among young children was increasing, while services were often patchy in coverage and quality, uncoordinated, and focused on older children. Lack of inter-agency collaboration on early child health services and the poor record of health screening at detecting ‘high prevalence but low severity’ conditions such as delayed language acquisition were a particular concern.¹³

Sure Start Local Programmes (SSLPs)

10. The policy response was Sure Start and what became known as Sure Start Local Programmes. In the 1998 Comprehensive Spending Review, the Government announced funding of £450 million over the years 1999–2002 to set up 250 projects in areas with very high concentrations of children under four living in poverty. Each project would run for seven to ten years and would have a ring-fenced budget due to peak in year three and taper to zero at year ten. Service providers in the country's 20% most deprived wards were invited to form partnerships, nominate lead agencies, and submit bids. The first 60 Sure Start Local Programmes were announced in 1999, managed by a Sure Start Unit within the then Department for Education and Employment but overseen by a cross-departmental committee. Expansion of the initiative was announced in 2000, and by the time the final SSLPs were awarded in 2003, the total number was 524. Jay Belsky and Edward Melhuish of the evaluation team described the programme thus:

11 Science and Technology Committee, Seventh Report of Session 2005–06, *Scientific Advice, Risk and Evidence Based Policy Making*, HC 900-II, Q 995; Jay Belsky, Jacqueline Barnes and Edward Melhuish (eds.), *The National Evaluation of Sure Start: does area-based intervention work?* (Bristol 2007), pp 198–201

12 Belsky, Barnes and Melhuish (eds.), *The National Evaluation of Sure Start*, p 4; Q 8 [Professor Melhuish]

13 Belsky, Barnes and Melhuish (eds.), *The National Evaluation of Sure Start*, p 8

SSLPs were intended to break the intergenerational transmission of poverty, school failure and social exclusion by enhancing the life chances for children less than four years of age growing up in disadvantaged neighbourhoods. More importantly, they were intended to do so in a manner rather different from almost any other intervention undertaken in the western world.¹⁴

11. The principles on which the programmes were to be based included working with parents and the community as well as children, integrating previously discrete services, and making services easily accessible (no more than 'pram-pushing distance' from the target users). There was, however, no detailed specification of services or particular interventions; instead, programmes were to be driven by the needs and wishes of the community in which they were based, and would be held to account only for the outcomes they produced. This flexibility was a key part of the initiative's distinctiveness. Nonetheless, it was expected that programmes would provide family support, outreach and home visiting, support for good quality play, learning and childcare experiences for the under-fours, health care and advice, and support for families with special needs. The National Evaluation of Sure Start (NESS) commenced in 2001 and is ongoing.

Early Excellence Centres (EECs)

12. Introduced in December 1997 and funded until March 2006, Early Excellence Centres were intended to develop models of good practice in integrating early education and childcare for under-fives in existing provision, supported by adult education and training, parenting support, health and other community services. There was a strong emphasis on the role EECs should play in raising the quality of early education and learning by sharing good practice and organising training and development for local practitioners; EECs were intended to be a catalyst for change across the sector. Settings were selected from competing bids on the basis of the quality of what was already in place and their potential to develop a range of integrated services through outreach and collaboration. Two-thirds of the pilot EECs were located in wards in the bottom 20% of the deprivation indices. There were eventually 107 EECs. The Early Excellence Centres evaluation highlighted the impact of good leadership and management, a shared philosophy and working practices across services, cohesive multi-agency teams, a responsive and flexible approach to community needs, and a clear focus on quality.¹⁵

The Neighbourhood Nurseries Initiative (NNI)

13. Launched in 2001, the Neighbourhood Nurseries Initiative aimed to make high quality, convenient and affordable childcare available for working parents in poor neighbourhoods. Places were targeted at reducing unemployment and meeting the needs of parents entering the job market, especially lone parents. Childcare provision in the 20% most disadvantaged areas of England was to be expanded by creating 45,000 new daycare places for children aged 0–5 by 2004. Much of this was to be delivered through the extension or refurbishment of existing nurseries, with some new settings developed from scratch. Ideally, full daycare

14 Belsky, Barnes and Melhuish (eds.), *The National Evaluation of Sure Start*, p 133

15 C. Pascal, A.D. Bertram, S. Holtermann, K. Joh, M. Gasper, S. Bokhari, *National Early Excellence Centre Pilot Programme Evaluation Year 3 Report* (DfES 2004)

for children from birth to school age would be provided alongside other forms of family support such as family learning or health services. The target for new childcare places was reached in August 2004, with approximately 1,400 settings involved. The project's evaluation indicated that the take-up of NNI places was relatively low, with approximately one in ten of the "work-ready" parents in relevant disadvantaged neighbourhoods using the facility. However, of those parents that did make use of the provision, 20% said they were in work but would not have been if the nursery had not been available, and 28% would not have been using any sort of formal childcare but for the Neighbourhood Nursery.¹⁶

The Effective Provision of Pre-school Education (EPPE) Project

14. The Effective Provision of Pre-school Education research project initially investigated the effects of pre-school education and care on the development of children aged 3–7. The EPPE team collected a wide range of information on 3,000 children who were recruited at age 3+ and studied until the end of Key Stage 1. Pre-school settings attended by the children were drawn from a range of providers: local authority day nurseries, integrated centres (including some of the pilot Early Excellence Centres), playgroups, private day nurseries, nursery schools and nursery classes. A sample of children who had no or minimal pre-school experience were recruited to the study at entry to school for comparison with the pre-school group. Key findings of the research included that: disadvantaged children benefit significantly from good quality pre-school experiences, especially when in a setting with children from a mix of social backgrounds; while good quality existed in all types of settings, quality was higher overall in nursery schools, and in settings integrating childcare and education (such as Early Excellence Centres); settings whose staff had higher qualifications had higher quality scores and their children made more progress; and quality indicators included a trained teacher as manager and a good proportion of trained teachers on the staff.¹⁷ In 2010 the latest findings from the EPPE research were published, reporting that children at age 11 still show benefits from attendance at high-quality pre-schools.¹⁸

Sure Start Children's Centres

15. In 2004 the creation and rollout of Sure Start Children's Centres was announced. The launch of the Children's Centres 'brand' was intended to rationalise and mainstream the preceding initiatives, incorporating lessons from the evaluations that had been carried out on each one. In particular, the shift to Children's Centres was prompted by disappointing early evaluations of the impact of Sure Start Local Programmes, and the findings of the Effective Provision of Pre-School Education Project about the impact of good quality integrated education and care, such as that offered in Early Excellence Centres. Children's Centres have been rolled out in three phases. All Sure Start Local Programmes and Early Excellence Centres, and most Neighbourhood Nurseries, became Sure Start Children's Centres in the first two phases of the rollout. The table on the following page details the

16 *National Evaluation of the Neighbourhood Nurseries Initiative: Integrated Report* (DfES 2007)

17 Kathy Sylva et al, *The Effective Provision of Pre-School Education Project* (DfES 2004)

18 Kathy Sylva et al, *Early Childhood Matters: evidence from the Effective Pre-School and Primary Education Project* (2010)

requirements for Centres in each of the phases, and compares them to the predecessor initiatives.

16. The Sure Start programme as a whole is one of the most innovative and ambitious Government initiatives of the past two decades. We have heard almost no negative comment about its intentions and principles; it has been solidly based on evidence that the early years are when the greatest difference can be made to a child's life chances, and in many areas it has successfully cut through the silos that so often bedevil public service delivery. Children's Centres are a substantial investment with a sound rationale, and it is vital that this investment is allowed to bear fruit over the long term.

Characteristics and services of Sure Start Local Programmes (SSLPs) and Sure Start Children's Centres

	Coverage	Buildings	Early education and childcare	Other services
Sure Start Local Programmes 524 SSLPs in six rounds, 1999–2004	Selected areas in the 20% most deprived wards. On average each SSLP would reach 800 children, but there were wide variations: catchment areas were to be restricted by 'pram-pushing distance'.	Capital funding for early SSLPs ranged from £700,000 to over £1m. 84% of programmes constructed a new building or undertook such a major conversion that it amounted to a new building.	SSLPs were not required to directly provide early education and childcare, only to provide "support for good-quality play, learning and childcare experiences for children". Provision of new formal childcare places by SSLPs was initially low, with more focus on services such as crèche facilities, parent and toddler groups and play sessions. Some SSLPs linked to local Neighbourhood Nurseries instead of providing care directly.	Funding was based on plans to deliver outcomes rather than specific interventions. However, guidance stated that all SSLPs were expected to provide: <ul style="list-style-type: none"> • outreach and home visiting; • support for families and parents; • primary and community health care and advice about child health and development and family health; and • support for people with special needs.
Phase One Children's Centres Approx. 800 Centres including former SSLPs, 2004–06	Full coverage of the 20% most disadvantaged wards with a target number of children for each local authority to reach. The national target was 650,000 children.	Most would be developed from SSLPs, Neighbourhood Nurseries, Early Excellence Centres and maintained nursery schools, with some additional building or refurbishment.	Each local authority was given a target number of new childcare places to create through its Phase One Centres. Integrated early education and care was to be available 5 days a week, 48 weeks a year, 10 hours a day. These new places did not have to be in the Centre itself; they could be in local 'linked' settings of any sector, but a qualified teacher had to be appointed.	The full "core offer", consisting of (in addition to early education and care): <ul style="list-style-type: none"> • Child and family health services • Family support and parental outreach • Parental involvement in services • Links with Jobcentre Plus to help parents wanting to train and enter employment • Other services according to need, which may require alternative funding sources (e.g. links with FE and HE, basic skills training, housing advice, benefits advice, toy libraries, services for older children).

	Coverage	Buildings	Early education and care	Other services
Phase Two Children's Centres 2006–08; overall numbers to reach 2,500	Full coverage of the 30% most disadvantaged areas and some Centres outside these areas; on average, 800 children in the catchment area for each Centre.	Guidance recognised that it may not be possible to deliver all services from one building, although this remained the preferred option.	There was no target for new childcare places in this round, but all Centres in the 30% most disadvantaged areas were still expected to provide or provide access to integrated early learning and childcare for 0–5s, available 5 days a week, 48 weeks a year, 10 hours a day. Appointment of a 0.5 qualified teacher post remained a requirement.	The full core offer as above where Centres were in the 30% most disadvantaged areas; more flexibility outside these areas.
Phase Three Children's Centres 2008–10; overall numbers to reach 3,500	Full coverage of the remaining 70% of areas, with Centre catchment areas varying from around 600 to around 1200 children depending on location and level of need.	Capital projects in this phase are expected to be limited to refurbishment and extensions of existing facilities. Centres are expected, however, to have a focal point identifiable as a Children's Centre, with some form of activity for children and families on site.	<p>There is no requirement to provide new early learning and childcare places in this phase, but there is discretion to do so where there is sufficient unmet demand. Where education and care is provided, the requirement for qualified teacher involvement applies.</p> <p>Phase Three Centres are mostly to be developed from existing provision, with extra services added to meet identified local needs. The intensity of services is to vary according to the level of disadvantage in the area, and cluster arrangements are allowed where appropriate to deliver the full core offer over a number of Centres.</p> <p>Vulnerable families should still have access to the full core offer through their local Centre, however, it is permissible for this to be fulfilled by providing "advice and assistance" to access off-site services.</p> <p>The minimum range of services includes outreach, information for parents, drop-ins and other activities, links to Jobcentre Plus, links to health services, and support for childminders.</p>	

2 The purpose of Children's Centres and their services

Do Children's Centres try to do too much?

17. The community development emphasis of Sure Start Local Programmes, the high-quality early education of Early Excellence Centres and the availability of childcare promoted by Neighbourhood Nurseries have all influenced the aims, methods and ethos of Sure Start Children's Centres. Where the principal emphasis should fall is a matter for debate. In the evidence we received there was a wide variety of statements about what Children's Centres are for. We were told, for example, that Centres aim to break cycles of deprivation, close the gap in educational achievement between the most disadvantaged and other children, encourage better parenting, enhance child development, tackle poverty, identify safeguarding concerns, promote community cohesion, support healthy lifestyles and promote opportunities for learning. The wide range of services that a Children's Centre must provide under the core offer, and the even wider range which they may choose to provide, has given rise to some concerns that their focus can be too diffuse and that their core task has not been defined with sufficient clarity.¹⁹

Services and activities found in Sure Start Children's Centres: some examples

'Baby Bounce and Rhyme' sessions, speech and language therapy appointments, baby massage, fathers' groups, housing advice, Citizens' Advice Bureaux, money management workshops, sexual health clinics, holiday and after-school clubs for older children, home birth support groups, breastfeeding support groups, 'Stay and Play' sessions, book and toy libraries, community cafés, sales of cost-price home safety equipment, relationship counselling, befriending services, family learning, parenting skills courses, childminder drop-ins, healthy eating classes, smoking cessation groups, basic skills courses including ESOL and IT, domestic violence support groups, advocacy services, dental hygiene clinics, multiple birth support groups.

18. Witnesses disagreed about what that core task should be.²⁰ John Bangs of the National Union of Teachers expressed concern about the "over-ambition" of the Children's Centres programme and argued that Centres "have to recalibrate their responsibilities and duties, and get some focus back on education and care".²¹ The NUT argued that a "generalist" approach to services and an array of "family-based" targets could compromise the quality of children's care and education.²² The Association of Teachers and Lecturers, meanwhile, stated that "we believe that Children's Centres have a role to play in supporting parenting

19 Qq 8–9; Ev 119, 141

20 Q 293 [Margaret Lochrie]

21 Q 262

22 Ev 119–120

skills, and in helping parents to fulfil personal and work ambitions, and in challenging any poverty of aspiration".²³ Other witnesses also lauded the ability of Children's Centres to affect families' lives in a wide variety of ways, including through their impact on the community as a whole such as by promoting community cohesion.²⁴ Dr Margy Whalley, Director of the Pen Green Research Centre, argued that the core offer lacked a philosophical underpinning, and that it encouraged Centres to go for 'quick wins' by putting on popular activities like baby massage, without thinking about whether they reflect a wider strategy for promoting good outcomes—in this case, infant and parental mental health.²⁵

19. Professor Edward Melhuish spoke about the different fronts on which the early Sure Start programmes sought to act:

You could break down the early perspectives, on how Sure Start probably should work, into three types. Some people thought, 'This is community-based, we have got to make this community better'. If you make the community better, the parents will feel better about themselves and because they feel better about themselves they will then treat their children better and the children will benefit. [...] The trouble with that is that it takes about three years before anything you do, at a community level, starts to filter through to actually affect the children. In the meantime, those children have grown three years older. Three years of their lives have been lost. Another approach is: let's deal with the parents. Let's make the parents better. Those programmes seem to work, but they work with a lag of about a year. Then you have programmes which say, okay, we have got to affect these children quickly because they are growing up really rapidly, so we work directly with the children. Those tended to be the most effective programmes, because they actually did something about the children's lives in a very immediate way.²⁶

Martin Narey, Chief Executive of Barnardo's, rejected the categorisation of programmes as community, family or child-centred: "It's an overused word and a word I hate using, but there is something genuinely holistic about Children's Centres, and they respond to different families and different children in different ways."²⁷

20. We asked the Minister for Children, Young People and Families, Rt Hon Dawn Primarolo MP, for her view of the primary purpose of Children's Centres and whether she felt there was sufficient clarity. She told us:

there is a primacy, so perhaps I could describe it in that way. Central to it is the early learning and child development, and the outcomes for that child. However, that must be buttressed and supported by work with parents, families and community. For instance, we know the impact of poverty on a family. Whatever we do in the Children's Centres will still have an impact. You can't isolate that child from the

23 Ev 112

24 Qq 293 [Melian Mansfield], 279 [Emma Knights]; Ev 134, 268. On community cohesion, see Ev 44, 60, 159

25 Q 5 [Dr Whalley]

26 Q 34

27 Q 216

family, nor should you, because it is their most important learning focus. That also means that it has to be underpinned by the child poverty agenda. [...] when I am in the Children's Centres, either the Centres in my own constituency or the Centres that I am visiting, they are quite clear that the well-being of the parents is just as important to the child's development as the child's own well-being—they are not mutually exclusive. I do not think that there is that lack of clarity in the children's centres; I think that they are very clear.²⁸

21. In the 2003 Green Paper *Every Child Matters*, five main aims for children and young people were set out: that they be healthy, stay safe, enjoy and achieve, make a positive contribution, and achieve economic wellbeing. Children's Centres are the most concrete way in which the holistic ambitions of the *Every Child Matters* agenda are being implemented for young children. **We believe that the many, varied and interconnected ways in which Children's Centres can influence the lives of children and their families constitute a strength, rather than a weakness, in the programme. We do not consider that fostering wider benefits for families and the community necessarily undermines a Children's Centre's primary focus on children; rather, it is a welcome recognition that children's ability to flourish is profoundly affected by their immediate environment.**

22. **Putting the holistic ideals of Children's Centres into practice is a challenging aim, and it demands vigilance over the quality of individual services and interventions so that none are neglected. For the programme to work to its full potential, therefore, services must be evidence-based and practitioners highly skilled. This is nowhere more true than in the early education and care provision, and we welcome the Minister's statement that this element of Children's Centres' work should have "primacy". As in all types of educational provision, the vision and commitment of Centre leaders is decisive to their effectiveness.**

Employability and child poverty

23. Debates about the purpose and emphasis of Children's Centres often coalesce around the issue of how far Centres focus on promoting labour market entry, by providing training, Jobcentre Plus services and affordable childcare. Speaking in 2005, Norman Glass characterised this as the programme's "capture by the 'employability' agenda".²⁹ Some expressed the view to us that an undue emphasis on getting parents into work could have the effect of alienating those parents who do not feel that this would apply to them, or giving the wrong message to parents who should be encouraged to attend the Centre with their child to improve their parenting skills and promote their child's development.³⁰ Childcare, argued Family Action, should be there to give children a high quality pre-school experience; presenting it primarily as a means of facilitating labour market entry "will impact negatively on the ethos of Sure Start."³¹

28 Q 370

29 "Surely some mistake?", *The Guardian*, 5 January 2005

30 Ev 228, 263

31 Ev 90

24. Naomi Eisenstadt, who was Head of the Sure Start Unit when it was established, framed the debate in these terms:

Were we trying to ameliorate the effect of poverty on children or make children less poor? Ameliorating the effect is what we do on parent support and high-quality children's programmes, but the only way to make children less poor is through employment. Those two go hand-in-hand.³² [...] The people who argue against the employability agenda all have jobs.³³

25. Margaret Lochrie, Director of the research, training and consultancy organisation Capacity, agreed that helping parents into work is crucial to tackling child poverty, and reported that parents themselves place a very high value on the opportunities Children's Centres afford for "second-chance learning" that may help them into work.³⁴ As a result, Capacity argued that support for parents' education and training should be brought within the core offer and should entail partnerships with adult learning providers.³⁵ Such partnerships do exist in some Centres, but are neither universal nor required.³⁶ Local authorities and individual Centres in their evidence to us did recognise the importance of parental employment as a determinant of a child's life chances, and the potential of Children's Centres to provide routes to employment through training, volunteering opportunities, placements and jobs.³⁷ Families' financial independence can also be supported by Centres offering benefits or debt advice.³⁸ However, Children's Centres staff vary in the value that they place on helping parents towards work and financial independence, whether because it is not something within their professional competence or because they do not regard it as a realistic priority for some parents.³⁹

26. The reduction of child poverty must be at the forefront of the thinking of Children's Centres leaders and practitioners. The element of the core offer relating to the services of Jobcentre Plus would, in our view, be more effectively expressed as a commitment to support families' economic wellbeing. This would encompass not only Jobcentre Plus input but also skills and training opportunities, and a range of advice aimed at helping families achieve financial independence.

Sustaining integrated care and education in Children's Centres

27. All Children's Centres in the 30% most deprived areas are expected to provide, or to link closely to settings offering, integrated early education and childcare for ten hours a day, five days a week, 48 weeks a year. (Centres in the remaining 70% of areas do not have to provide education and care, but may do if there is a local need.) This service aims to provide both the highest-quality educational experience for children and a daycare facility

32 Q 56

33 Q 68

34 Q 293 [Margaret Lochrie]

35 Ev 137

36 Ev 234, 270, 317

37 Ev 277

38 Ev 260

39 Q 216 [Anne Longfield], Ev 136

for parents in employment. The Sure Start, Early Years and Childcare Grant that local authorities receive for Children's Centres is not supposed to fund care and education provision; the Department states that instead it should be "ultimately self-financing with costs largely covered through fees."⁴⁰ Parents can take up their free entitlement for three and four year olds in Children's Centres, providing an additional funding source. However, the National Audit Office has found that in practice, just under half of authorities say they rely on the Grant to support their care and education provision, that 59% of local authorities report that little or none of the childcare in their Children's Centres is wholly funded by fee income, and that the service operates at a loss in 53% of the Centres which offer it.⁴¹

28. The Pre-school Learning Alliance told us that full daycare "seldom works as a business model in the areas of disadvantage [where] the Phase One Children's Centres deliver their services."⁴² Relatively low numbers of private and voluntary sector providers deliver childcare in the most deprived parts of the country because it is difficult to make it pay,⁴³ and providers in Children's Centres are significantly more dependent on local authority funding (as opposed to fees) than the average.⁴⁴ Average outgoings for full daycare in a Children's Centre are over £100,000 a year more than for other full daycare providers; they typically charge lower fees as they are in disadvantaged areas, and pay their staff at a higher rate.⁴⁵ Centres face difficulties in responding to fluctuating occupancy, and in particular the tailing-off of demand for paid-for full-time places that many are now attributing to the effects of recession.⁴⁶ Northumberland County Council commented that "there is a tremendous difference between making provision high quality and making it affordable".⁴⁷

29. It is not clear how the Government expects Children's Centres to square the circle of providing the highest-quality integrated care and education in the most disadvantaged parts of the country on a self-financing basis. Neither the quality of the education nor the accessibility of the care should be compromised; we urge the Government instead to consider formalising and increasing the degree of subsidy that in effect already exists for these settings. This would have to be done with due consideration for the impact on local childcare markets.

Qualified teacher roles in Children's Centres

30. The Effective Provision of Pre-school Education study (EPPE) demonstrated that integrated education and care which involves early years qualified teachers in direct interactions with children has the greatest positive impact on children's learning. DCSF guidance for education and care provision in Children's Centres stipulated that "the

40 Ev 182. The qualified teacher posts that each Children's Centre offering care and education must have *are* funded through the grant.

41 Memorandum by the National Audit Office, *Sure Start Children's Centres* (December 2009), para 4.5

42 Ev 235

43 Ev 114

44 Ev 235

45 Ev 117

46 Ev 75

47 Ev 48

minimum requirement is the employment of an early years teacher on a half-time basis. However, we would also expect that this would be a minimum which most Centres would exceed, and that Centres offering this minimum will build up to a full-time teacher within 12–18 months of designation”.⁴⁸ The National Union of Teachers reported anecdotal evidence suggesting that a number of Centres are barely fulfilling the minimum requirement.⁴⁹ The Association of Teachers and Lecturers put forward the view that the minimum requirement should be more ambitious and that early years qualified teachers should be involved in day-to-day work with children, not just in strategic planning.⁵⁰ Janice Marshall, head of Treetops Children's Centre in Brent, told us that the role of the qualified teacher varies in different Centres: “Where I work currently, we have an advisory teacher, who works with us up to three days a week, but my preferred model is where the teacher is based there full-time, and embedded in the team.”⁵¹

31. The involvement of early years qualified teachers is essential to the ambitions of Children's Centres to provide the highest quality early years experiences. We urge the Department to collect information as soon as possible about the number of qualified teachers employed in Children's Centres that offer integrated education and care, and the nature of their roles. It is essential that practice in Children's Centres reflects the lessons of the EPPE research; the requirement for early years qualified teacher posts should be increased to achieve this if necessary.

Defining 'outreach'

32. The core offer of Children's Centres services includes “outreach and family support services”. There is no single definition of ‘outreach’; the term is variously used to refer to services provided outside a traditional delivery site (including in the home), a means of informing families about what is available and encouraging them to use it, and a style of working which aims to gain families’ trust.⁵² Family support, meanwhile, can encompass parenting courses, practical support in the home, peer support groups, family learning activities, or specialised programmes such as the Family Nurse Partnership—among other things.⁵³

33. Family Action argued that some Children's Centres confuse outreach with home-based family support services. They defined the purpose of the former as to try to bring families into the Centre, where they can then access services. The latter is an intervention in its own right, delivered in the home because that has been judged to be the most appropriate environment for the work.⁵⁴ A scoping study of outreach work commissioned by the DCSF concluded that Children's Centres vary in their understandings of why families need support, the best and most appropriate model of change, and how to capture measurable

48 Ev 121

49 Ev 121

50 Ev 110

51 Q 169

52 Capacity, *Outreach to children and families: a scoping study* (DCSF, June 2009), p 12

53 Ev 312; Capacity, *Outreach to children and families: a scoping study* (DCSF, June 2009), p 38

54 Ev 88

outcomes.⁵⁵ Family Action describes its Family Support Service as assisting families “in changing their behaviour to one another, bringing structure and routine to chaotic household circumstances [...] improving the quality of relationships between parents and children”.⁵⁶

34. A greater degree of clarity and detail in the strand of the core offer relating to outreach and family support would be welcome. Children's Centres should have a precise idea of what they mean by outreach and family support, as expressed in the outcomes they are aiming for and manifested in a range of activities which have a clear rationale and theoretical basis.

Spreading the benefits to older children

35. Children's Centres have been established to cater for children aged 0–5 and their parents. Action for Children argued that the age range of Children's Centres should be extended, because a strict age limit of 5 is problematic for families with older siblings who also have identified needs; this issue is brought into especially sharp relief at Children's Centres attached to schools.⁵⁷ Ormiston Children & Families Trust stated that:

continuing support past the five year age barrier is crucial to families struggling to cope with a variety of challenging circumstances. Passing support of parents and children onto Extended Schools is not working comprehensively, because of a lack of resources and universality. [...] The transition of support must be smooth, stigma free, universally available and individually tailored [...] Without this, the most vulnerable children and families are falling through a gap almost as soon as they reach the threshold of five years, and move beyond the remit of the statutory children's centre support.⁵⁸

National children's charity 4Children similarly advocated “a seamless 0–19 approach” across services which would support children and families throughout transition stages and provide intergenerational support.⁵⁹ Anne Longfield, Chief Executive of 4Children, suggested that Children's Centres are a good model for youth services, which badly need co-ordination along the same lines.⁶⁰ Parallel to this inquiry, we have also been investigating the factors that lead young people not being in education, employment or training. It is readily apparent that services working with this older age group could benefit from the same joined-up thinking which has been introduced in early childhood services.

36. We do not consider that it would be helpful at this stage in Children's Centres' development to require them to extend their formal remit beyond the 0–5 age group, although we advise the Government to recognise and evaluate the impact of well-established Centres that have developed their services in this way. Children's Centres

55 Capacity, *Outreach to children and families: a scoping study* (DCSF, June 2009), p 87

56 Ev 90

57 Ev 82

58 Ev 59

59 Ev 73

60 Q 185

are, however, beginning to provide an excellent model for multi-agency working across professional boundaries that services for other age groups should seek to emulate. We encourage the Government to exploit the expertise and experience of Children's Centres leaders and practitioners in the development of youth services and extended services in schools in particular.

3 Expansion

The rapid expansion to universal coverage

37. In the 1998 Comprehensive Spending Review, the Government announced that it would set up 250 Sure Start Local Programmes in areas with very high concentrations of children under four living in poverty. In 2000, it was announced that the number of projects would rise to 524. In Phase One of the Children's Centres programme, which ran from 2004–06, 800 settings were designated as Children's Centres, the majority of them already Sure Start Local Programmes or Early Excellence Centres. Phase Two, from 2006–08, took overall numbers to 2,500, most of these being developed from scratch. Local authorities were given only another two years after that to achieve the eventual target of 3,500 Centres. As of December 2009, 3,381 Centres had been designated.⁶¹ Together for Children—a consortium of Serco, Tempus Resourcing Limited, 4Children and Continyou—was contracted as the DCSF's delivery partner for Sure Start Children's Centres in October 2006 to provide support for local authorities in planning and delivering the rollout.

38. Many thought the original Sure Starts had expanded too quickly; Professor Edward Melhuish and Sir David Hall characterise the expansion as “a rapid and largely unexpected rush”.⁶² Our predecessor, the Education and Skills Committee, noted in April 2005 its concern “that significant changes are being made to the Sure Start programme when evidence about the effectiveness of the current system is only just beginning to emerge.”⁶³ Having been largely developed from established provisions, the staff of Phase One Centres had already had to grapple with time-consuming challenges such as developing their multi-disciplinary team and building links with the community. Phase Two and Three Centres rarely had those advantages.⁶⁴ The timescales for expansion were described in evidence to this inquiry as “cruel” and “demanding”.⁶⁵

The validity of universal coverage as a policy goal

Has universal coverage diluted the Children's Centres programme by undermining its focus on the most disadvantaged?

39. The initiatives that preceded Children's Centres were area-based policies, concentrated on meeting needs in the most deprived communities. Sure Start Local Programmes and then Phase One Children's Centres focused on the 20% most deprived areas in the country, and Phase Two expanded the programme to cover all of the country's 30% most deprived communities. However, a great many needy families live in areas that can be broadly characterised as affluent.⁶⁶ The Department noted that around a third of the most deprived

61 Q 368

62 Belsky, Barnes and Melhuish (eds.), *The National Evaluation of Sure Start*, p 14

63 Education and Skills Committee, Ninth Report of Session 2004–05, *Every Child Matters*, HC 40-I, paragraph 39

64 Ev 6

65 Ev 11, Q 124

66 Ev 76, Ev 303

children under five live outside the most deprived areas, and only universal coverage could ensure that all vulnerable children in England had the opportunity to benefit from the Children's Centres service.⁶⁷ We sought opinions from our witnesses about whether universal coverage risked diluting the focus of Sure Start on narrowing the gap between the most disadvantaged and their peers.

40. Despite concerns about resources being spread too thinly or a loss of focus, there was widespread agreement that the narrow basis of the predecessor programmes was, in policy terms, unsustainable.⁶⁸ Jan Casson, Sure Start Locality Manager for Northumberland County Council, told us:

It was very difficult as a Sure Start Local Programme manager. It was a bit of a postcode lottery, and morally it was quite hard to define the boundary of your Sure Start area when you knew that maybe 400 families just beyond the boundary were equally in need of the services.⁶⁹

A programme targeted only at the most disadvantaged areas also risks carrying a stigma for families.⁷⁰ Rural areas in particular rarely benefited from the early phases of Sure Start programmes, despite the fact that low population densities can mask a considerable degree of poverty and other problems exacerbated by isolation.⁷¹ The Commission for Rural Communities reported that at least 400,000 children in rural communities in England live in households affected by poverty, and 1 million children in rural areas live in low income households.⁷²

41. A submission from the 'Save Camborne Children's Centre' parents' group made the case for Children's Centres to cater for needs in families who might not otherwise come to the attention of the usual agencies:

Some of us have been told by Cornwall Council that we are outside the 'target group' for our Children's Centre, the implication being that our voice doesn't really count because we're not disadvantaged or on benefits. Four of the Action Group met together recently and during discussions it transpired that between us we had experienced physical abuse, mental abuse, life-threatening illness of a child, death of a child, death of a partner, depression, post-natal depression and isolation. We may be outside the 'target group' but does this does not necessarily make us less in need. It is not enough to say that we are well-educated and articulate enough to seek help. We can go to our GP and get medication for depression but they do not make tablets for isolation or abuse. The real help comes from a place which facilitates relationships with friends and peers who really understand our problems because they have been through, or are going through, the same things and a place which

67 Ev 180

68 Qq 62,283; Ev 45, 76, 113, 218, 303

69 Q 110

70 Q 235

71 Ev 50

72 Ev 259

allows us easy access to other professionals who may be able to help. Sure Start is *our* support network. It is not their prerogative to say we do not need it.⁷³

Has universal coverage diluted the Children's Centres programme by under-resourcing later phases of the expansion?

42. Anxiety about the wisdom of rolling out the programme to all neighbourhoods in the country partly stems from concern over the lower level of resources attached to Children's Centres as compared to Sure Start Local Programmes, and to later Children's Centres as compared to those in the first phase. Fully operational Sure Start Local Programmes on average spent around £700,000 per annum.⁷⁴ The Government anticipated in its planning guidance for the universal rollout that annual costs for a fully operational Children's Centre in the most deprived 30% of areas will be around £400,000, and for Centres outside those areas (including all Phase Three Centres), between £100,000 and £250,000.⁷⁵ Although Phase Two and Three Centres serve on average less disadvantaged communities, they may also serve larger populations spread over wider areas.⁷⁶ Other services in those areas also tend to be more thinly spread, and identification of the most needy families is that much harder where there is no pre-existing network, or history of community engagement with services.⁷⁷

43. Local authorities and providers see their ability to deliver a good service with less funding as an indicator of efficiency and value for money.⁷⁸ Dr Margy Whalley told us, however, that "Children's Centres are very thrifty as organisations, but they're not cheap, nor should they be cheap."⁷⁹ Professor Edward Melhuish cautioned that

it is pretty clear from the research that only a high-quality provision produces an effect. If you are going to roll out a massive programme of diluted quality, you will not get the effect [...] If you are to fulfil the full ambitions of the Sure Start programme, there has to be more money. You cannot roll out 3,500 Children's Centres across the whole country at the level of funding that is currently being planned.⁸⁰

44. Naomi Eisenstadt told us that the universal roll-out of Children's Centres has caused confusion because "a Children's Centre is not the same entity everywhere".⁸¹ Children's Centres serving communities outside the 30% most deprived areas (that is, all Phase Three and many Phase Two Centres) have considerably more flexibility in the services they deliver and the model they employ. Access to the 'core offer' can be fulfilled by providing advice and assistance in accessing off-site services, cluster arrangements are encouraged

73 Ev 251

74 Belsky, Barnes and Melhuish (eds.), *The National Evaluation of Sure Start* (2007), p 121

75 DCSF, *Sure Start Children's Centres Phase Three Planning and Delivery* (2007), paragraphs 4.2.1–2

76 Ev 6, 88, 252, 324

77 Ev 262, 299

78 Ev 75, 232, 246, 270

79 Q 5 [Dr Whalley]

80 Qq 31, 54

81 Q 69

where appropriate, and capital projects are expected to be limited to refurbishment or extension of existing facilities.⁸² There is a danger that Children's Centres in Phase Three in particular are perceived as a lesser, watered-down service that cannot provide access to the full benefits of the Children's Centres approach.⁸³ Professor Iram Siraj-Blatchford reported that many later Centres provide "only a fraction of the services provided by the Phase One Centres [...] with many operating on a shoestring".⁸⁴ Purnima Tanuku, Chief Executive of the National Day Nurseries Association, questioned whether all 3,500 Centres would be delivering "the fully integrated, quality services that the original concept and model of Children's Centres were designed for".⁸⁵

45. Sure Start Local Programmes and the Phase One Children's Centres based on them generally directly employed a multi-disciplinary team, whereas Phase Two and Three Centres are more likely to co-locate or reconfigure already-funded services.⁸⁶ Local authorities have sought to organise staffing centrally or for groups of Centres, so that each professional may work across several Centres. Early years consultants Pauline Trudell and Barbara Riddell argued that, where Children's Centres staff are employed centrally,

the quality and quantity of work with families has reduced. Locality teams are not based at the centre and consequently are not able to develop relationships with the education and childcare staff. [...] Services are not matched to local and individual need but are determined by a 'blanket' programme of delivery across the city [...] whether or not this meets need.⁸⁷

Dr Margy Whalley advised that "integrated centres for children and their families can only effectively engage with those minoritised families who have traditionally found it hardest to use public sector services if professionals are willing and able to significantly change their professional practice."⁸⁸ In other words, merely co-locating services, redistributing existing resources, setting up mutual signposting arrangements, or tacking an outreach function onto traditional services, is not sufficient to bring about the desired impact.

46. Each Sure Start Local Programme received a minimum capital allocation of £750,000, and 84% of SSLPs undertook at least one major construction project, although most used multiple sites for their services.⁸⁹ The average amount per Centre in the Department's capital budget during Phases Two and Three of the Children's Centres programme appears to have been in the region of £274,000.⁹⁰ Phase Two and Three Centres have made extensive use of spare capacity on school sites, or co-location with health centres, community centres, libraries and even, in Northumberland, fire stations.⁹¹ Modular builds

82 DCSF, *Sure Start Children's Centres Phase Three Planning and Delivery* (2007), p 7; Q 25

83 Ev 88, 240, 253

84 Ev 6

85 Q 238; see also Ev 279

86 Ev 75

87 Ev 306

88 Ev 11

89 Mog Ball and Lisa Niven, *National Evaluation Summary: Buildings in Sure Start Local Programmes* (July 2005)

90 Ev 191. This estimate has been derived by dividing the overall capital allocation in the DCSF budget in the years corresponding to Phases 2 and 3 by the target number of new Centres in each Phase.

91 Q 123

have been widely employed as a cost-effective alternative to traditional structures, and in some parts of the country, Phase Three services are being delivered by mobile play vans.⁹² Local authorities have to balance the benefits of a 'one-stop shop' approach with the accessibility benefits of dispersing services to a variety of venues; parents often express strong preferences for single site models, but in some instances, such as in rural areas, this can be impractical.⁹³

47. Children's Centres are not defined by the buildings in which they are located: a 'Centre' is a way of organising services in a particular locality, regardless of whether or not it operates from a stand-alone building.⁹⁴ Nevertheless, a building is an important statement of a Centre's presence in the community, and the facilities available can influence the effectiveness of the services on offer.⁹⁵ Staff at the Queen's Park Children's Centre pointed out that many of the families they serve are living in cramped or temporary housing; they therefore benefit from having access to a good indoor and outdoor environment at the Centre.⁹⁶ The ability of health staff such as midwives and health visitors to offer clinical services in Children's Centres is hampered in some cases by lack of space or unsuitable facilities.⁹⁷

48. Around 1,800 Children's Centres are based on school sites (though are not necessarily run by the school).⁹⁸ There was disagreement among witnesses to the inquiry about whether this was purely an expedient response to limited resources, or whether it conferred advantages in terms of partnership working. It is thought by some that co-location with a school may put off some parents who themselves had poor experiences of school, and could bias the Children's Centre towards serving only its feeder population.⁹⁹ There may also be a confusion of the school and Children's Centres agendas, or a perceived dilution of the focus on very young children in the Centre.¹⁰⁰ However, the potential for transfer of knowledge between staff and the ability to continue to work with the whole family bring great potential benefits, as do the reduction in duplication with overlapping extended services and opportunities to share resources.¹⁰¹ It is also possible to retain the distinct identity of the Children's Centre by having separate entrances and receptions for Centre and school and by using different signage and branding.¹⁰²

49. The Pre-School Learning Alliance argued that local authorities have not always sited Children's Centres in the best locations, making decisions on the basis of available space rather than accessibility to the community.¹⁰³ John Harris, representing the Association of

92 Ev 48

93 Ev 138, 249, 262

94 Ev 324 ; Qq 121 [John Harris], 205 [Anne Longfield], 242 [Purnima Tanuku], 365 [Liz Gaulton]

95 Q 82

96 See Annex; also Ev 141

97 Q 328, Ev 142

98 Q 375

99 Ev 111; Qq 264 [Emma Knights], 293 [Mohamed Hammoudan]

100 Q 146 [Lorraine Cartwright]

101 Qq 138 [Richard Thornhill], 264 [Martin Johnson]

102 Qq 125, 376

103 Ev 234

Directors of Children's Services, acknowledged that local authorities had had to make difficult judgements about how best to reconcile the level of funding and the possible sites: "that does inevitably mean some compromise either about location or about precisely what the mix of facilities would be."¹⁰⁴

50. It does not seem sensible to us to make a blanket statement about the specific practice of co-locating Children's Centres with schools; in some communities it will be well-managed and appropriate, in others perhaps not. Our concern is a general one, that in some cases decisions about buildings may have been dictated, not by a thorough assessment of the needs and wishes of the local community, but simply by the limited availability of sites and funds for the capital programme. We put this concern to the Minister and to the Chief Executive of Together for Children, Liz Railton. Liz Railton told us:

I challenge whether there is evidence that the whole programme has been driven by the question of availability of buildings. When we come to designate Children's Centres, we look closely at the rationale for placing a Children's Centre in a particular location. We look at the nature of the community it is serving, the level of need, how the Centre will attract those who use the services and so on. If we genuinely feel that the proposed or actual location looks to be based purely on convenience, because it is there, we would not advise the authority to go ahead.¹⁰⁵

The Minister acknowledged that there had been constraints on the capital building programme, and concluded:

Does that mean that we think we have every Children's Centre in exactly the right place? I don't think local authorities would say that they had them all in the right place, let alone us. We need to go forward about how they reach out, and see whether there is a disadvantage in being on a school site. It depends, but as a general principle, I think not.¹⁰⁶

51. Expansion of the Children's Centres programme to all communities has been necessary to ensure that all children and families in need of help can get it. It would be a backwards step to consider restricting access again only to those living in areas which are generally categorised as disadvantaged. We consider that resourcing Children's Centres outside the most disadvantaged areas at a lower level represents at present a regrettable but necessary compromise between focusing on concentrated deprivation and making access available to all vulnerable children.

52. However, we are concerned that simply placing services called 'Children's Centres' in all communities does not necessarily guarantee that all families will benefit from the Sure Start model of integrated working. We recommend that the Government assess the extent to which Phase Three Centres are able to replicate meaningfully the most salient and valuable elements of the approach of successful Phase One and other long-established Centres. Vulnerable children living in Phase Three areas are not necessarily

104 Q 122

105 Q 375

106 Q 374

less needy than those in the 30% most disadvantaged areas, and we seek evidence that the benefits of integrated early childhood services are available also to them through these different models of delivery.

The practical challenges of expansion

53. Kent Children's Trust drew attention to some of the practical challenges inherent in such rapid expansion of a complex model:

The timescale pressures involved in delivering [Phases] Two and Three presented itself as an issue not only in delivering a relentless capital programme, but also in constraining the time available for sharing former, established effective practice. Also affected by short timescales was the level of risk-taking considered to be acceptable. Risk-taking was a key feature in some of the earlier Centres, from which significant learning emerged. Timescales prohibited this with later Centres, particularly where there was no established presence from a [Phase] One Centre.¹⁰⁷

54. The Commission for Architecture and the Built Environment (CABE) argued that meeting the timetable for opening new Children's Centres "has taken such priority that sites have been selected on the basis of their already being in local authority ownership, rather than being the most suitable (i.e. accessible) or most co-effective for the proposed services."¹⁰⁸ Strict funding timetables did not allow local authorities to lever in further capital funds from other sources to supplement the direct grant. CABE reported that effective consultation with the community, staff and partners—even different departments within the local authority—on the best way to configure the buildings for service delivery and users' needs was lacking due to time constraints, describing the two-year period from inception to completion of Centres as "unrealistic".¹⁰⁹

55. Professor Klaus Wedell, Chair of the Herefordshire Early Years and Extended Services Forum, noted that the need for consultation applies not only to the buildings but also to the services, especially in areas where a pre-conceived model is unsuitable: "hastily superimposed measures are likely to antagonise communities, and so turn out to be counterproductive. Implementing the strategy is unlikely to match the current time scales for receipt of Children's Centre funding."¹¹⁰ A community association reported to us that Children's Centres had displaced already-established community-run provision for families in their area¹¹¹—arguably the type of problem that could have been avoided through thorough consultation.

56. We heard concerns about whether there are enough workers, nationally, with the right skills and knowledge to deliver services in 3,500 Centres.¹¹² To some extent, this is "a chicken and egg situation": training and expansion have to go hand-in-hand, because no-

107 Ev 239

108 Ev 237

109 Ev 238

110 Ev 326

111 Ev 229

112 Qq 5 [Professor Siraj-Blatchford], 79

one will train before there is a demand for those skills.¹¹³ Guidance sets out an expectation that Centres should be working towards all staff being trained to at least NVQ Level 2.¹¹⁴ The Early Childhood Forum reported, however, that some Children's Centres are employing staff with low levels of skill, experiences or qualifications: "They are often overwhelmed and have insufficient experience to work with the most complex families and deal with the poverty, child protection, substance misuse, domestic abuse, disability issues and unmet health needs." Particular concerns were expressed about the skills of staff with respect to engaging with fathers, and working with families affected by physical disabilities or learning difficulties.¹¹⁵

How has local authority management influenced the expansion of Children's Centres?

57. Sure Start Local Programmes were initially the responsibility of the Sure Start Unit in the Department for Education and Employment, which distributed their funding directly. Since April 2006, planning and delivering Children's Centres has been the responsibility of local authorities, who receive funding through Sure Start, Early Years and Childcare Grants. Local authorities are also responsible for setting management structures for their Children's Centres, which may be managed directly by a local authority, by a private or voluntary sector organisation, or, for some Centres on school sites, by a headteacher and governing body. Most local authorities preside over a variety of arrangements.

58. The shift of responsibility allowed for strategic planning by local authorities across their area, such as by rationalising the 'reach' areas of Centres or eradicating inefficiencies that had arisen because of the very localised nature of Sure Start Local Programmes. Some councils used it as an opportunity to review the effectiveness of services thus far and to commission and decommission accordingly.¹¹⁶ Standardisation of IT systems, strategic commissioning of services, provision of expertise in financial management and capital development, and flexible staffing across an area have all been pursued by local authorities since they assumed responsibility for Children's Centres. The services on offer at Centres could also be co-ordinated and made more consistent, which is particularly felt to be important in areas with high population mobility. John Harris, speaking on behalf of the Association of Directors of Children's Services, argued that expansion of the programme had enabled local authorities to move "from what were often good local initiatives to something that was far more systematic [...] and not just in the places that more naturally lent themselves to that philosophy and approach".¹¹⁷

59. Others were less enthusiastic about the role of local authorities in managing the rollout. Dr Margy Whalley identified

an often overly bureaucratic control of Children's Centres and the adoption of mechanistic rather than empowering leadership and management processes.

113 Q 27

114 HC Deb, 19 October 2009, col 1283W

115 Ev 141, 240

116 Ev 230

117 Q 107

Children's Centre leaders are finding it hard to realise the primary task of their Children's Centre because there is a limited understanding and ownership of the Children's Centre project within local authorities.¹¹⁸

Professor Melhuish argued that the management of Sure Start has become "an administrative chore, and there doesn't seem to be the drive that there was in the early years to do something revolutionary, or to do something that really affects the lives of people in an important way".¹¹⁹

60. In its consultation on the proposed inspection framework for Children's Centres, Ofsted reported evidence of a "varying degree of support and involvement in Children's Centres by local authorities, which responses indicate may be a 'patchy' picture across the country."¹²⁰ Ormiston Children & Families Trust commented that "the level of support and success of Children's Centres, working in partnership with other services, varies from one local authority to the next."¹²¹ Liz Railton of Together for Children refuted the idea that local authorities do not have the necessary drive to implement the programme:

They have really run with this programme and agenda. They didn't at first; there was some difficulty with corporate and strategic understanding in councils about the potential of these services and a lack of grip on what needed to be done to deliver [...] That understanding was low in lots of places. That has changed markedly, and the level of commitment from councils is very high indeed.¹²²

We did not detect any lack of enthusiasm or vision for Children's Centres among the submissions we received from local authorities; indeed, the local authorities we heard from came across as passionately committed to the programme and excited about what they expect it to achieve for the communities they serve.¹²³ However, we must accept that our evidence base in this regard is to some extent self-selecting.

61. The success that Sure Start Local Programmes had in engaging vulnerable families has been widely attributed to the model's flexibility and responsiveness, and its adoption of community development principles.¹²⁴ Local people, especially parents, were to participate fully in managing and determining the content of the programmes. This was an important strategy to ensure that parents—especially those most likely to mistrust public sector bodies—felt ownership over their programme rather than perceiving it as intrusive.¹²⁵ Typically, parents would sit on management boards alongside professionals. Many have voiced doubts that this approach has survived the rapid expansion of Children's Centres and, particularly, the transfer of management responsibility to local authorities.

118 Ev 11

119 Q 12

120 Ofsted, *A report on the responses to the consultation on how Ofsted should inspect Children's Centres* (December 2009), p 8

121 Ev 60

122 Q 368

123 Qq 132–133

124 Oral evidence taken before the Health Committee on 30 April 2008, HC (2008–09) 422-iv, Q 383 [Ms Rehal]; Ev 86

125 Ev 138; "Surely some mistake?", *The Guardian*, 5 January 2005

62. The Apprenticeships, Skills, Children and Learning Act has made 'advisory boards' a statutory requirement for every Children's Centre. These boards have a strategic oversight role, but operational management remains the responsibility of the Centre leader, reporting to the local authority. Membership of the boards is expected to include parents or prospective parents. Statutory guidance explaining their role in more detail was being consulted upon at the time while we were preparing this Report. There is no requirement on Children's Centres to maintain a specific forum for parents to influence the running of their Centre, according to the Department "because it was not considered sensible to be prescriptive"; however the Department stated that the Government "strongly supports parents' forums as a means of involving parents directly in the life of their centre".¹²⁶

63. Naomi Eisenstadt told us that, in her opinion, the strong community ethos of the early Sure Start programmes "has weakened, which disappoints me. In part, that is because different local governments have different skill sets and, indeed, different beliefs about whether they think it is important. In some areas, it will still be very strong and, in others, it will be weakened."¹²⁷ Capacity argued that there is a risk of Children's Centres becoming out of touch with what families want: "Many Children's Centres say their aim is to empower and yet it is not immediately obvious how, within a developing framework of local authority management, such empowerment is to continue to be secured."¹²⁸ The National Institute of Adult Continuing Education posited that local communities may be less willing to engage with Children's Centres that are perceived as a local government service.¹²⁹

64. Nonetheless, local authority management does not seem to have led to an imposition of uniform models; councils report that they have been given sufficient freedom within the core offer framework to adapt to local circumstances.¹³⁰ The local authorities who gave evidence to us showed keen awareness of the need to be responsive to different communities.¹³¹ With reference to his own authority, Hertfordshire County Council, John Harris told us that

there is a very diverse base of lead agencies, and their brief is to put together a network of services that are appropriate to each of the 82 micro-communities [in Hertfordshire ...] It will not be one size fits all; it's the lead agency's job to work within a core framework, but then to fine-tune the range of services to the needs of the local area. If every local authority in the country were here, they would certainly be saying that that was the approach they needed to adopt.¹³²

Voluntary organisations also emphasised the necessity of running individual Centres in response to their immediate communities; Martin Narey of Barnardo's commented that "The absolute sure way to lose work is to go to a local authority in Leeds and say that you

¹²⁶ Ev 183

¹²⁷ Q 60

¹²⁸ Ev 137

¹²⁹ Ev 263

¹³⁰ Q 124

¹³¹ Q 108

¹³² Q 109

have a model you have used in Manchester. [...] We work very hard to make sure that the bids we make for Children's Centres and other services are locally inspired by local people and pretty much managed there."¹³³

65. Sure Start Local Programmes were asked to work to a set of outcomes rather than delivering a defined set of services, and so were largely free to decide with their community how to spend their funding.¹³⁴ Such diversity led to very variable impact but also meant that the programmes were very responsive to families' own wishes.¹³⁵ Children's Centres have had from the outset a core offer which is much more specific than SSLPs' remit.¹³⁶ Professor Edward Melhuish argued that SSLPs, arriving into "a policy desert", would have benefited from the more prescriptive approach:

Because it was a policy desert, there was a complete lack of adequately trained staff to staff these places. If you bring in poorly trained staff because they haven't done anything of this kind before, and then tell them to do something that is rather diffuse, ill-defined and without any clear guidelines, you don't get too much happening. Some of them did extraordinarily well, but a lot of people didn't. A Children's Centre model gives them a clear set of guidance about what should be done, and they therefore know that they can hit the ground running in terms of delivering services. [...] it is a much more clearly defined set of services for delivery and we know from previous evidence that it works.¹³⁷

66. Naomi Eisenstadt emphasised the importance of striking a balance: "You have to give some of what local people ask for but also what you think is right for their kids. Unless you do both, you're wasting your money."¹³⁸ Community development is an important part of what these programmes can offer, but it is not sufficient in itself to dictate the services and interventions that are delivered by them; ultimately, a sound evidence base is needed for Children's Centres services and they must be of the highest quality.

67. We put it to the Minister that the speed and extent of the Children's Centres rollout has perhaps been achieved at the expense of the sense of community ownership that so animated the early Sure Start projects. She told us:

There is a tension there. I absolutely agree with you. I would add another tension, which is, as I said, if we look at the early Sure Starts—there are three in my constituency—they were about focusing on parents, family, community, cohesion, support, reaching out. The Children's Centres are about early years and child development, with the other things also supporting that. [...] I have had lots of discussions in Children's Centres where parents want to be more involved but they

133 Q 191

134 Q 5 [Professor Melhuish]; Belsky, Barnes and Melhuish (eds.), *The National Evaluation of Sure Start* (2007), p ix

135 Oral evidence taken before the Health Committee on 30 April 2008, HC (2008–09) 422-iv, Q 379; Ev 2

136 Ev 6

137 Q 8

138 Q 86

want the quality. [...] what we know works best is the whole-family approach, which can only work if parents feel they are involved and have a stake in it.¹³⁹

68. Many Sure Start Local Programmes successfully fostered community ownership and partnership, in some cases re-casting the relationship between professionals and service users. The Government properly encourages Children's Centres to involve parents and carers in planning, delivery and governance. However, too much of the guidance is couched in language that implies a traditional division between service provider and community, with the former having a duty to consult and take advice. Identification of best practice in community involvement rather than consultation, and spreading this best practice to all Centres, should be priority areas of action for the Children's Centres programme.

Should the Government retreat from universal coverage?

69. Professor Iram Siraj-Blatchford, Professor of Early Childhood Education at the Institute of Education, told us:

there has always been a tension between quantity and quality. I think that the issue of centres just being expanded has to be based on the question of what they are for. What do we want them to do and can they deliver it, realistically, for the numbers we have got and with the quality of staff we have got? [...Some of us] had been working with combined centres for a long, long time. However, we know that the combined centres required a great deal of depth and expertise, and they were quite expensive. To try to do this on the cheap is a problem. I would rather have fewer centres—say 500 children's centres—doing a fantastic job across the country than 3,500 delivering a squib. I really think a lot of children's centres out there are doing a fantastic job, particularly children's centres in phase one, which did suck up a lot of the quality staff, and then we have got a real mixture in phase two and phase three. Hindsight is a great thing, but looking back now I think that we were not ready for it; I am not sure we are ready for it now.

70. Witnesses to the inquiry were very aware of the effect that the current tough financial climate may have on the future of the Children's Centres programme. Louise Silverton, Deputy General Secretary of the Royal College of Midwives, argued that “if resources are short, as they are likely to be, having very high-quality services in those areas of highest need is a much better way of working. In middle-class areas, families will find their own way to access care.”¹⁴⁰ John Harris, representing the Association of Directors of Children's Services, told us that:

I think it would be a real shame, having established this national network as we have and taken three years to do it, to completely dismantle it, but recognising that there are constraints on public expenditure, rather than simply leaving people the stark choice whether to dismantle or not, I think you would need to try and reframe the way the entire network operated. It would be possible to do that, perhaps retaining

139 Q 379

140 Q 349

centres of a particular kind in the most challenging communities but using some of the existing learning around what works with vulnerable children and families to put in place a slightly different network. But I think to lose the network as a whole would be a real shame.¹⁴¹

71. We asked the Minister whether she agreed that rapid expansion to universal coverage had diluted the currency of Children's Centres. She told us that "retrenchment to 500 [Centres] would not be a good idea", and argued that the Government's philosophy of "progressive universalism" was the best policy for providing a service to all while especially targeting the most disadvantaged: "Those who have the greatest need get the most. What we are seeing through our Children's Centres is that all children are improving, but we are lifting the disadvantaged the greatest." She restated the view that providing a service only in disadvantaged areas risks stigmatising that service.¹⁴²

72. The expansion of Children's Centres has been an ambitious programme with laudable aims. We support the Government's goal of universal coverage, but the speed of the rollout has posed serious problems in some local authorities in terms of buildings, staffing and community engagement which could have been ameliorated by a more measured approach. As well as evaluating the impact of Children's Centres services, the Department should undertake an evaluation of the rollout process, so that lessons can be learned for the future.

73. The network that is now in place must be considered work still in progress. Expansion should not just be about numbers of Centres; service quality, staff skills, team and partnership working and Centres' relationship with the community must all be monitored for continuing improvement. The Department contracted with a national delivery partner, Together for Children, to help local authorities reach their numerical targets; it must now turn its attention to how local authorities can be helped to raise quality throughout their Children's Centres.

74. Pressure on the public purse could conceivably come to bear on Children's Centres in two main ways: a retreat to a smaller number of Centres, or a pruning of the range of services delivered by them. We consider that either course of action would undermine the programme to an unacceptable degree and jeopardise the long-term gains from early intervention. Local authorities are now responsible in law for providing sufficient Children's Centres for their community; we would not wish authorities to be bequeathed an underfunded statutory duty.

141 Q 137

142 Q 403

4 Impact and evaluation

75. Early findings from the National Evaluation of Sure Start (NESS), which focused on the first tranche of Sure Start Local Programmes, were discouraging. In 2005, there was some evidence that the most disadvantaged three-year-olds and their families (teenage parents, lone parents, workless households) were sometimes doing *less* well in Sure Start areas, while less disadvantaged children in those areas benefited from the programmes. However, the most recent findings reported to us by the director of NESS, Professor Edward Melhuish, indicated that all effects associated with Sure Start were beneficial, and these beneficial effects appeared to apply in all sub-populations and in all Sure Start areas studied. Parents in Sure Start areas relative to those in non-Sure Start areas reported using more child and family-related services, with more engagement in “developmentally facilitative parenting”, and their children were socially more competent.¹⁴³ These results seem to show that programmes are becoming more effective over time, particularly in their work with the most disadvantaged, and that children are feeling the benefit of longer exposure to the programmes.¹⁴⁴

The evaluation and performance management framework

76. The Government's strategy for measuring the impact of Children's Centres is three-fold; performance management by local authorities (based on completion of a self-evaluation framework and an ‘annual conversation’ between Centres and their local authority), Ofsted inspection of individual Centres which will commence in 2010, and a five-year national evaluation of the programme which has been commissioned from Oxford University and the National Centre for Social Research.¹⁴⁵ The indicators against which Children's Centres are asked to report their performance in the self-evaluation framework are wide-ranging but specific, and are set out in the following table:

143 Ev 1

144 Ev 4

145 Q 387 [Ann Gross]

Children's Centres performance indicators

Performance indicator	Public Service Agreement to which the indicator belongs
Children aged 0–4 living in households dependent on workless benefits (<i>National Indicator 116</i>)	PSA 9 (Halve the number of children in poverty by 2010–11, eradicate child poverty by 2020)
Eligible families benefiting from the childcare element of Working Tax Credit (<i>National Indicator 118</i>)	N / A
Children who achieve a total of at least 78 points across the Early Years Foundation Stage with at least 6 points in each of two scales: Personal, social and emotional development; and Communication, language and literacy (<i>National Indicator 172</i>)	PSA 10 (Raise the educational achievement of all children and young people)
Gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest (<i>National Indicator 192</i>)	PSA 11 (Narrow the gap in educational achievement between children from low income and disadvantaged backgrounds and their peers)
Children in reception year who are obese (<i>National Indicator 155</i>)	PSA 12 (Improve the health and wellbeing of children and young people)
Infants continuing to be breastfed at 6 to 8 weeks from birth (<i>National Indicator 153</i>)	PSA 12
Emergency admissions caused by unintentional or deliberate injuries to children and young people (<i>National Indicator 70</i>)	PSA 13 (Improve children and young people's safety)
Parental satisfaction with Children's Centre services	N / A
Members of the most excluded groups in the reach area with whom the Centre makes contact: <ul style="list-style-type: none"> • teenage mothers and pregnant teenagers • lone parents • children in black and minority ethnic groups • children with disabilities • children of disabled parents • fathers 	N / A

77. Following the 2004 Spending Review, the DCSF was given two Public Service Agreement targets (held jointly with the DWP) to which Children's Centres made a contribution, measured by four indicators. Good progress was made by 2008 on one of the four sub-targets, an increase in Ofsted-registered childcare places. The other sub-targets were not met:

- the number of children in lower income working families using formal childcare decreased, whereas the target was to increase take-up by 120,000;

- 49% of children reached a 'good level of development' at the end of the Foundation Stage, compared with a target of 53%; and
- there was no reduction in inequality between child development achieved in the 30% most disadvantaged communities and in the rest of England, against a target to reduce the gap by four percentage points.¹⁴⁶

78. Since then there has been an improvement against the latter two targets, an improvement which the Department for Children, Schools and Families at least partly attributes to the impact of Children's Centres. The percentage of children achieving 'a good level of development' according to the Early Years Foundation Stage Profile increased in 2009 to 52%, just short of the 2011 target of 53%. The achievement gap between the lowest 20% of children and the mean was 34% in 2009. Nationally, this is an improvement of two percentage points over the 2008 baseline, although in 40 local authorities the gap has widened.¹⁴⁷

79. The Audit Commission published a study of health services for the under-fives in February 2010. It concluded that spending over the previous decade, including on Sure Start, had not produced widespread improvements in health outcomes. Performance against some health indicators, such as obesity and dental health, had in fact worsened, and the health inequalities gap between rich and poor had barely changed.¹⁴⁸

Opinion in the sector about the impact of Children's Centres

80. Despite this mixed picture, the majority of submissions to this inquiry evinced a strong commitment to the idea of Children's Centres, and a firm belief both that they are having benefits now, and that they will over time reduce the need for more expensive and intrusive interventions later in children's lives.¹⁴⁹ Although few view Children's Centres as the finished article, Emma Knights, Joint Chief Executive of the Daycare Trust, summed up the general feeling when she said "it has been not just a step in the right direction but thousands of steps".¹⁵⁰ Jan Casson of Northumberland County Council told us:

I was running a home visiting scheme before Sure Start came along, and I was running it on very little money. Every day we were seeing children whose home situations weren't bad enough to come to the attention of social services, but those children were living in situations that in the 20th century, as it was then, we should have been ashamed of. I can't even think what it would be like to go back to pre-Sure Start times. The number of children we saw on a daily basis whom we were letting down doesn't even bear thinking about.¹⁵¹

Martin Narey, Chief Executive of Barnardo's, told us about his first experience of Sure Start after starting to work in the voluntary sector:

¹⁴⁶ Memorandum by the National Audit Office, *Sure Start Children's Centres* (December 2009), paragraph 1.7

¹⁴⁷ DCSF, *Statistical First Release 26* (October 2009)

¹⁴⁸ Audit Commission, *Giving children a healthy start* (February 2010), p 4

¹⁴⁹ Ev 46, 83, 298

¹⁵⁰ Qq 133 [Councillor Peppiatt], 277 [Emma Knights], 328; Ev 47, 84, 144, 162, 225

¹⁵¹ Q 133

when I first saw the Centres, I was most struck by speaking to parents—mums inevitably—who had had older children and contrasted for me their experience of bringing up children pre-Sure Start and post-Sure Start. I saw the change in ambition and aspiration for the children, a belief that the children could do much better and the sense of children being supported. I was hugely taken with that and I probably visited 50 or 60 Children's Centres since then. I have continued to be impressed.¹⁵²

81. Ofsted and other organisations have reported very positive feedback from parents about Children's Centres.¹⁵³ User satisfaction surveys, case studies and anecdotal evidence all speak to the impact of services on families' lives.¹⁵⁴ The Government's January 2010 Green Paper on families and relationships acknowledges Centres' potential as exemplars of 'family-friendly' public services.¹⁵⁵ Children's Centres were described in much of the evidence we received in terms emphasising that they are experienced by staff and users as *qualitatively* different from other services for families: personalised, welcoming, friendly and non-stigmatising.¹⁵⁶ It is common for parents to describe the impact of their contact with Children's Centres as "life-changing".¹⁵⁷

82. Some local authorities and providers have attributed improved performance against Early Years Foundation Stage indicators to the influence of Children's Centres.¹⁵⁸ Richard Thornhill, Headteacher of the Loughborough Primary Federation and Children's Centre, told us that their combined Children's Centre and school tracking system has identified positive impacts in terms of behaviour and attendance.¹⁵⁹ Independently of national evaluations, a number of research projects have been commissioned locally, or for a sample of Centres in particular circumstances, such as rural areas.¹⁶⁰ Worcestershire County Council reported an evaluation of two of their Centres run by Action for Children which found that 93% of users recognised direct benefits to their families from accessing services at the Centre.¹⁶¹ The Centre for Public Policy at Northumbria University studied the impact of Children's Centres in North Tyneside and found that service users that reported the Centres have, among other benefits, improved their children's speech and language, improved parents' relationships with their children, and made both parents and children more confident.¹⁶²

152 Q 177

153 Ev 317; Qq 138 [Cynthia Knight], 226 [Emma Knights]

154 Ev 217, 269, 293

155 DCSF, *Support for All: the families and relationships green paper*, Cm 7787 (January 2010), paragraph 6.11 ff

156 Ev 80, 84, 134, 300

157 Ev 135, 319; Q 180

158 Ev 89, 267, 268

159 Qq 138, 149

160 Ev 135

161 Ev 246

162 Ev 271

Are the most vulnerable being reached?

83. Much of the local research that has taken place has, however, relied on looking at the impact of services on those who are using them, rather than the degree of success a Centre has at reaching out to others. The greatest challenge for Children's Centres is to engage effectively with excluded groups and families who normally remain alienated from public services.¹⁶³ Professor Siraj-Blatchford told us:

You can have a Children's Centre that achieves what it wants to with 75% of its population, and one down the road that achieves that with only 25%. But the one with the 75% may only be reaching 20% of the people in the community who need to be using that Centre.¹⁶⁴

84. A number of characteristics contribute to Children's Centres' reputed ability to reach vulnerable families that have previously remained elusive to mainstream services.¹⁶⁵ Integrated, multi-agency teams stand a better chance of identifying families that might slip through the nets of individual agencies, picking up on needs that may otherwise go undetected, and smoothing the pathways between services that were previously difficult for parents to navigate.¹⁶⁶ Assertive and personalised outreach reduces the risk of disengagement, as workers focus on giving parents the motivation, confidence and practical means to attend.¹⁶⁷ The open access nature of Children's Centres reduces the stigma that can affect services exclusively aimed at vulnerable families, and removes the barrier of thresholds that restrict access to higher-tier services.¹⁶⁸ Physical co-location of services means that parents who have been persuaded through the doors for the first time for a particular reason become familiar with the environment and are much more likely to use other services in the same premises.¹⁶⁹

85. One effect of all these combined factors is individual services finding that more families are using them, and reductions in the numbers of 'no-shows' for appointments.¹⁷⁰ The Royal College of Midwives, for example, told us that many women who wouldn't previously have received maternity care are now accessing it through Children's Centres, and are in addition being referred on to supporting, non-maternity services.¹⁷¹ At Queen's Park Children's Centre we heard how unfulfilled speech and language therapy appointments had reduced since the service has been delivered through Children's Centres rather than traditional clinic settings.¹⁷²

¹⁶³ Q 5 [Dr Whalley]

¹⁶⁴ Q 38

¹⁶⁵ Qq 133 [Councillor Peppiatt], 179 [Clare Tickell], 328 [Louise Silverton]

¹⁶⁶ Ev 60, 214, 218

¹⁶⁷ Ev 303

¹⁶⁸ Ev 148, 216–7

¹⁶⁹ Ev 223, 249

¹⁷⁰ Q 111 [Councillor Peppiatt]; Ev 277; See Annex

¹⁷¹ Ev 164

¹⁷² See Annex

86. However, success in this regard is by no means guaranteed. Research published by Ofsted in July 2009 stated that:

Engagement with the most vulnerable children and families continues to be a challenge [for Children's Centres ...] The scale of the problems they sometimes encountered was daunting. Despite a clear commitment to reach out to the most disadvantaged and vulnerable parents, no centres felt they were fully successful in doing so. They reported that families involved in, for example, drug misuse, domestic violence, or who operate at the fringes of the law, do not necessarily want to be reached. Such families often move frequently and are difficult to track.¹⁷³

The Pre-school Learning Alliance noted that "A 'stay and play' session, however open and welcoming, requires certain social skills and parents who have difficulty with their relationship with their child and problems with parenting skills can easily feel under pressure in this type of situation. Parents under the influence of drugs and/or alcohol are not in a position to play in the sand or with paint."¹⁷⁴ Some young parents have told of their reluctance to use Children's Centres, either because they feel isolated from mainstream services in general, or because they fear being judged by professionals or other parents.¹⁷⁵ 'The community' can itself be excluding.¹⁷⁶

87. Particular concerns have been raised about the extent to which Children's Centres are successful at catering for, among others, disabled children (who may find themselves excluded from mainstream activities and relegated to a single support group), traveller families, those who speak English as an additional language, and black and minority ethnic families.¹⁷⁷ Two barriers cited to Children's Centres catering more effectively for some of these groups are a lack of detailed data, and lack of diversity among Children's Centres staff.¹⁷⁸

88. Children's Centres employ dedicated outreach workers to concentrate on initial contact with families and to encourage them to take up services. The Sure Start, Early Years and Childcare Grant for 2008–11 included funding for one outreach worker for every Centre.¹⁷⁹ The 2007 Comprehensive Spending Review announced funding for an additional two outreach workers at each Children's Centre in the 1500 most deprived areas.¹⁸⁰ Although the Government's clear expectation is that in the most disadvantaged areas there should be at least three outreach workers in each Centre, information on how many workers are actually employed in that capacity is not collected or monitored nationally.¹⁸¹

173 Ofsted, *The impact of integrated services on children and their families in Sure Start Children's Centres* (July 2009), para 32

174 Ev 236

175 Audit Commission, *Giving children a healthy start* (February 2010), paragraphs 35–6

176 Q 56

177 Ev 141, 143, 243

178 Ev 111, 243, 271 ff

179 HC Deb, 19 October 2009, col 1283W

180 "Sure Start shows positive impact on lives of children and families", DCSF press notice 2008/0037, 4 March 2008

181 HC Deb, 19 October 2009, col 1283W

89. Research undertaken by the National Audit Office in autumn 2009 concluded that the increased funding appears not to have led to the increase in numbers of outreach workers desired by the Department.¹⁸² The NAO's survey found that Centres servicing the 30% most deprived communities reported an average of only 38 staff hours spent on parental outreach each week. However, the NAO notes that the Department believes this figure may underestimate the number of hours of outreach provided by centres, for example, because a range of staff—not just those employed explicitly in outreach roles—may undertake outreach as part of their work, or because some Centres may not have included non-contact time in their estimates of hours worked.¹⁸³

90. The best Centres may employ outreach workers with qualifications comfortably exceeding the NVQ2 Level demanded of all Children's Centre workers.¹⁸⁴ Nevertheless, the training and qualifications of outreach workers are an area of concern, particularly as home visiting requires different attitudes and skills to those needed for centre-based work.¹⁸⁵ The Minister for Children, Young People and Families, Rt Hon Dawn Primarolo MP, said in October 2009 that the qualifications required for outreach practitioners "will depend on the different job roles and purposes developed in each Centre, which will be in response to local need. Relevant qualifications include those from child care, family support, social care, counselling, teaching and community work."¹⁸⁶ The Minister informed us that the Department is committed to improving training for the whole children's workforce in the skills needed to support parents who are reluctant or feel unable to seek help.¹⁸⁷ Training and research organisation Capacity noted, however, that "many effective outreach staff use knowledge, experience and skills which are not reflected in formal qualifications and it is important that this dimension is retained."¹⁸⁸

91. We recommend that the Government investigate the need for a qualification specific to Children's Centre outreach work, based on the experiences of long-standing Centres with a track record of success in engaging vulnerable families. This need not replace entirely the variety of qualifications which outreach workers currently hold, but it could supplement them by spreading best practice and defining the outreach role more sharply in relation to the roles of other professionals.

92. Children's Centres cannot assess how effectively they are reaching the most vulnerable within their community unless they have the right data to do so. Many organisations have pointed out to us that such data is difficult to come by.¹⁸⁹ There is some research suggesting that Children's Centres have been relatively successful at attracting users from across the full social spectrum—undermining arguments that Sure Start has become dominated by middle-class parents—but few Centres routinely capture the type of data assembled by

182 Memorandum by the National Audit Office, *Sure Start Children's Centres* (December 2009), paragraph 1.1

183 Memorandum by the National Audit Office, *Sure Start Children's Centres* (December 2009), paragraph 1.14

184 Ev 71–2

185 Ev 142

186 HC Deb, 19 October 2009, col 1283W

187 Ev 202

188 Ev 137

189 Ev 62, 260, 265, 274, 281

research studies that allows them to demonstrate this.¹⁹⁰ The Government does not collect data nationally about usage of Children's Centres, but it expects local authorities "to satisfy themselves on a regular basis that Children's Centres in their localities are reaching the most disadvantaged families."¹⁹¹ The self-evaluation framework asks Children's Centres to track how many members of certain excluded groups the Centre is reaching, and Ofsted inspections will examine arrangements for reaching out to the most vulnerable. The national evaluation of Children's Centres will seek to create a profile of users and non-users, and investigate why some families do not access Centres.

93. The Government must investigate ways in which information captured locally about how successfully Children's Centres are reaching the most vulnerable can be given a more robust basis, such as by requiring standardised data sets to be made available by the responsible agencies, and can be aggregated to produce a nationwide picture.

Are Children's Centres value for money?

94. Several organisations made the point that the Children's Centres model—particularly in its later phases—relies on bringing together existing pots of funding, staff and resources, and sharing expertise.¹⁹² There is a widespread assumption that co-location and integration are inherently cost-effective ways to work, especially when this can be organised by local authorities on an area-wide basis rather than for each individual Centre.¹⁹³ Others argued that, by embodying a preventative approach, Children's Centres will reduce the need for later, more expensive interventions such as taking children into care, making alternative provision for education, or dealing with teenage pregnancy or criminal behaviour.¹⁹⁴ Action for Children reported research estimating that £4.60 will eventually be generated in "social value" for every £1 invested in an effective Children's Centre.¹⁹⁵ However, even the highest-quality early years services cannot act as a one-off, foolproof "inoculation" against difficulties later in life.¹⁹⁶

95. The National Audit Office reported in 2006 that Children's Centres were unable to supply sufficiently detailed and reliable information on income, expenditure and the unit costs of activities to allow a comparison of efficiency, or an evaluation of the overall value for money of the programme. Undertaking research for this inquiry in 2009, the NAO found this situation largely unchanged; many Centres were unable to supply data for capturing income and expenditure consistently, and much of the data supplied were not in a comparable form.¹⁹⁷ The Audit Commission reported in February 2010 that, in health services for the under-fives generally, less emphasis is placed on assessing the value for

190 Ev 135, 185; Audit Commission, *Giving children a healthy start* (February 2010), paragraph 27

191 Ev 201

192 Ev 46, 74, 86, 240, 324

193 Ev 160

194 Ev 110, 270; Q 162 [Cynthia Knight]

195 Ev 80

196 Q 181 [Anne Longfield]; Ev 110

197 Memorandum by the National Audit Office, *Sure Start Children's Centres* (December 2009), paragraphs 2.2–3

money offered by services that are already in operation, rather than proposed new services, and that changes to services rarely occurred as a result of negative evaluations.¹⁹⁸

96. The great diversity in Centre services, different models of commissioning services, and the wide range of IT and other systems use for financial management were all cited as reasons for this.¹⁹⁹ Work by local authorities to understand the unit costs of activities had also not advanced as much as expected since 2006.²⁰⁰ A DCSF-commissioned feasibility study on a financial benchmarking system for Centres concluded in 2009 that financial and performance management systems would not at that time support benchmarking. Together for Children are currently developing a process for local authorities and Centres to use for identifying unit costs.²⁰¹

97. At the national level, information about the funding of Children's Centres provided to us by the Department details only spending from the Sure Start, Early Years and Childcare Grant. This grant supports management, outreach, capital and qualified teacher costs, but other elements of the core offer—health and Jobcentre Plus services—are funded by other Government departments, much of it not 'new' spending, but existing resources that are now being directed through Children's Centres. Further services may be funded directly by local authorities, or by a variety of grants.²⁰² We asked the Minister whether the Department knew what the total extent of resources going into Children's Centres was, but received no new information.²⁰³

98. In order to evaluate the cost-effectiveness and value for money of Children's Centres nationally, the Government must make more effort to work out the totality of funding that is supporting Centres, including resources from the Departments of Health and for Work and Pensions. It is unacceptable that such basic information remains apparently unknown.

Lack of information

99. Ofsted stated that local authorities' work to develop accurate local data and effective approaches to evaluating impact has been "variable";

Children's Centres and local authorities do not yet have the data to hand at local level to be able to determine the effectiveness of Children's Centres. Nearly all Centres can point to real successes with individual families. None of those inspected could provide a convincing analysis of performance based on rigorous analysis of data.²⁰⁴

This picture of the type of information that Children's Centres have gathered—unsystematic, dependent on case studies and anecdote—was echoed by several witnesses.²⁰⁵

198 Audit Commission, *Giving children a healthy start* (February 2010), paragraph 71

199 National Audit Office, *Sure Start Children's Centres*, paragraph 2.4

200 National Audit Office, *Sure Start Children's Centres*, paragraph 2.10

201 Ev 182

202 National Audit Office, *Sure Start Children's Centres*, p 32 ff

203 Q 381

204 Ev 317

205 Ev 135, 260, 269; Q 180 [Anne Longfield]

Case studies produce some powerful stories, but by their nature only highlight those areas where practice is innovative or of a particularly high quality; they are more useful as a learning tool than as an evaluation strategy. There is widespread agreement that more 'hard' evidence is needed, both of Centres' effectiveness at engaging the most vulnerable as discussed above, and of the impact of their services.

100. Collecting useful, comparable data is demanding in terms of time and skills, and complicated by several factors. At the most basic level, it is not straightforward to map and track exactly who is using the services at a particular Centre, because parents are free to choose any Centre they wish, not just one on their doorstep.²⁰⁶ There are many potential influences on child or family's outcomes, and early intervention programmes do not lead to identical outcomes for all those involved.²⁰⁷ Additionally, a full evaluation of Centres' impact would need to include an assessment of whether a Centre is a better way of delivering services than the structures it has replaced or supplemented. The Royal College of Midwives, for example, stated that it would welcome a formal evaluation of the efficacy of maternity services as delivered through Children's Centres, rather than in the more usual acute setting.²⁰⁸ Such information is crucial to making the case for other services' participation in Children's Centres.

101. Children's Centres rely on baseline data provided by their statutory partners and national bodies.²⁰⁹ Even when the information is forthcoming, it is not always at the level of detail required. Information-sharing protocols with other agencies are lacking, when often that information would enable Centres to target their services more effectively.²¹⁰ Particular difficulty attaches in some areas to accessing information held by health agencies.²¹¹ Cynthia Knight, leader of St Thomas' Children's Centre in Birmingham, told us "We are certainly not getting support for the data analysis. In our self-evaluation form the health data section is empty."²¹²

102. Particularly mobile communities pose particular challenges to evaluation. In some London boroughs, population mobility is greater than 35% each year, and it is known that a large proportion of this movement takes place among sections of the community with a higher than average need for support from public services. Lone parent households with dependent children and households with low incomes are known to be over-represented among the highly mobile population, for example. Children of school age who move home frequently are more likely to be in receipt of free school meals and are more likely to have English as a second language. Services in one area may invest heavily in helping a family, only for that family to move on and the progress they have made to be lost to local performance monitoring. The impact of any early intervention or preventative service is nearly impossible to capture in such circumstances. The problem of assessing cost-effectiveness is also exacerbated if, as has been thought, there is a higher cost associated

206 Qq 19, 21

207 Ev 110, 312

208 Ev 162

209 Ev 321

210 Ev 40

211 Q 38

212 Q 176

with delivering services to families who frequently move home.²¹³ Sarah Benjamins, a former Sure Start Local Programme co-ordinator, told us that

in areas with transient communities such as the one I worked in, overall statistics may not show marked improvements, but the life chances of those children involved in the programme for a year or two will still have been affected—linear studies would need to be carried out to assess these impacts. For example, in my area many parents getting into employment will have moved out and been replaced by new families with different needs.²¹⁴

103. We recommend that the Government commission research into the ramifications of population mobility for the delivery and impact of early childhood services including Children's Centres. We also recommend that the Government issue guidance on how Centres in areas with highly mobile populations can undertake effective evaluation of their services.

104. Front-line staff, trained primarily to deliver services, need training and support if they are to be expected to collect and analyse data.²¹⁵ Dr Margy Whalley told us that in Sure Start programmes, staff were not being trained or funded in the same way that staff in Early Excellence Centres had been to evaluate the impact of their own work on families, as more emphasis was put on the national evaluation project. Dr Whalley advocated a significant investment in turning the Children's Centres workforce into effective "practitioner-researchers".²¹⁶ Cynthia Knight concurred that it was the Early Excellence Centres initiative that gave her Centre a good foundation in devising quantitative and qualitative measures of impact for parents, families, staff and children;

We seem to have lost track of that. Overall in Children's Centres, I don't think we have the framework strongly given to us on how to measure those outcomes. Not all Children's Centres are confident about measuring outcomes that are not just quantitative in and out ones.²¹⁷

Professor Iram Siraj-Blatchford commented that training and leadership courses for Children's Centres are poor at developing capacity for evaluating impact.²¹⁸

105. All those that we spoke to are aware of how much work there is still to do in relation to local evaluation and tracking outcomes.²¹⁹ Individual Children's Centres leaders feel pressure to demonstrate the worth of their work.²²⁰ The Association of Directors of Children's Services reported that most local authorities are attempting to address the diversity of approaches to performance management that have developed in their

213 Tony Travers, Rebecca Tunstall, Christine Whitehead, Segolene Pruvot, *Population mobility and service provision: a report for London Councils* (February 2007)

214 Ev 228

215 Q 299 [Mohamed Hammoudan]

216 Q 15 [Dr Whalley]

217 Q 174

218 Q 15

219 Q 177

220 Qq 174–5 [Janice Marshall, Lorraine Cartwright]

Children's Centres by adopting a common, consistent model across their area. However, they note that "at a national level this creates the potential for each local authority to be using a different model and therefore data sets will not be comparable across the country."²²¹

106. Liz Railton, Chief Executive of Together for Children, refuted the idea that data collection across the country is currently too fragmented to produce a coherent picture. She argued that, although local authorities may be using different systems, they are by and large collecting data about the same things; 84% of local authorities are using the recommended self-evaluation framework, so there is a measure of consistency.²²² Liz Railton also argued that there is value in 'anecdotal' evidence when it is so consistent: "when you are getting those sorts of stories everywhere, isn't that part of systematic feedback about how people experience these services and the impact that it makes on them? It is an important part of the picture."²²³

107. Ann Gross, Director of the Early Years, Extended Schools and Special Needs Group at the DCSF, told us:

We have been doing some work to try to understand the best way of moving forward to improve the national data. We need to do it in a way that is not too intensive, in terms of the demands that it makes, particularly on Children's Centres, which are quite small organisations. We want to get a reasonable balance here. We are currently consulting local authorities on what financial data we ought to be collecting, so that we have better national data on how money is being spent on children's centre services. We also need to think about what we collect in terms of information on outputs and outcomes. That work is under way.²²⁴

108. We recommend that the Department assess the need for training Children's Centre staff and leaders in the techniques and mindset they will need in order to become 'practitioner-researchers'. There is huge potential for Children's Centres to be hubs of workforce learning and continuous improvement, and we are concerned by reports that the good work of Early Excellence Centres in this respect has not been mainstreamed within Children's Centres.

What impact are Children's Centres having beyond their own service users?

109. Inspection and performance management will focus on the efficacy of Children's Centres services. Individual Centres are, however, one of the main instruments at local authorities' disposal for reducing inequalities and improving outcomes across the whole community, and several organisations made the argument that these wider impacts must also be evaluated.²²⁵

221 Ev 40

222 Q 389

223 Q 390

224 Q 388

225 Ev 111, 325; Q 295

110. A number of local authorities have referred in written evidence to ways in which the development of Children's Centres in their area has been the catalyst for a wider re-configuration of all local services for children and young people, or how Children's Centres have been integrated into the broader work of Children's Trusts.²²⁶ Children's Centres have the potential to co-ordinate and lead the delivery of all services for under-fives.²²⁷ Several councils described new ways of working or new teams that they have set up in, around or linked to Children's Centres. These multi-agency teams may aim to reduce the number of families who potentially slip through the net,²²⁸ to ensure that families with needs thought of as tiers 2 and 3 receive services,²²⁹ to underpin their work with the Common Assessment Framework,²³⁰ or to implement a personalised approach to outreach work.²³¹ John Harris, representing the Association of Directors of Children's Services, told us:

Children's Centres, in my view, model the joined-up delivery of services for vulnerable children and families envisaged in *Every Child Matters* and the Children Act. They provide the most visible evidence of impact to date of *Every Child Matters* in action, particularly in targeting work with the most vulnerable children and families through universal services.²³²

They have even been cited as an inspiration for wider public service reform by fundamentally altering the relationship between residents and services.²³³ The London Borough of Newham described them as "the best approach to collaborative and potentially cost-effective models of local delivery that currently exists in the public sector."²³⁴

111. A Children's Centre with a reach area of, for example, 800 families may have early education and care places for at most 100 children. In order to have the maximum impact on children's development, therefore, Centres need to be able to exert a positive influence on other local settings where children learn—whether that be other childcare provision in the local area, or the effectiveness of the family home as a place for learning.²³⁵ Where their own provision is known to be high quality, Children's Centres are in a good position to promote effective practice in early education and care at other settings, by supporting training and sharing good practice. A number of Children's Centre leaders act in a training advisory role for their local authorities and support local private, voluntary and independent settings, including with management and leadership mentoring.²³⁶ Pauline Trudell and Barbara Riddell argued that the role of maintained nursery schools as exemplars of outstanding quality, and as sources of training and support for other settings

226 Ev 86, 320

227 Ev 299

228 Ev 218

229 Ev 230

230 Ev 292

231 Ev 245

232 Q 103

233 Ev 74

234 Ev 43

235 Qq 43 [Professor Siraj-Blatchford], 264 [Emma Knights]

236 Ev 309

is “largely unexploited but crucial.”²³⁷ This strand of work was developed strongly in one of the predecessor initiatives, Early Excellence Centres.

112. The EPPE project²³⁸ has shown how important the home learning environment is to children's progress, but professionals' understanding of how to affect it and the tools they have at their disposal for doing so are limited.²³⁹ Naomi Eisenstadt told us, “there are opportunities in everyday contact with mothers and fathers to have those conversations with them, about whether you count when you set the table for a meal, or whether you cook with your child. There are so many opportunities to learn with small children at home, and it's so much fun. We need to get parents doing that.”²⁴⁰ Dr Margy Whalley advocated devising a performance indicator for Children's Centres based on parents' involvement in their children's learning. She emphasised how Children's Centres need to recognise and build on the work that parents are already doing with their children.²⁴¹

113. Children's Centres have the potential to transform children's services by leadership and by example. We recommend that the Government recognise these effects when assessing the full impact of the programme.

114. In order to fulfil their potential for improving children's lives, Children's Centres with proven expertise in early learning need to have the time, skills, resources and remit to promote quality learning in other early years settings and in the home. We recommend that supporting other settings should be an aspect of these Centres' work which is reflected in the core offer, and against which they are assessed.

How soon can we expect Children's Centres to show results?

115. The full impact of Children's Centres will not be discernible for some time. A robust evaluation of outcomes for individual children and their families would entail a longitudinal study through to adulthood.²⁴² Ann Gross cited the evidence from the US Head Start programme to argue that, “in order to really evaluate impact on outcomes, you probably need to look over a generation. You are talking about 20 or 25 years to see the full impact.”²⁴³ Witnesses cited the youth of the initiative, the low starting point of investment in early years services, the need to bed in multi-agency partnerships, and the nature of the most disadvantaged communities as reasons to be patient.²⁴⁴

116. Those who run long-established Centres report emphatically the advantage they have over Centres set up only in the past two years.²⁴⁵ Dr Margy Whalley told us:

237 Ev 304

238 Effective Provision of Pre-school Education; see above paragraph 14

239 Qq 100–101

240 Qq 100–101

241 Q 43 [Dr Whalley]

242 Qq 180, 294 [Melian Mansfield]

243 Q 387

244 Qq 51 [Professor Siraj-Blatchford], 87, 178, 179 [Clare Tickell], 180, 236, 237, 289 [Melian Mansfield], 295, 302; Ev 62, 160, 298

245 Ev 59

The Children's Centre I work in is a vibrant one-stop shop. It provides a relatively seamless service to families, it has become the university of the workplace and it is well embedded in a rich, vibrant and vocal community and it has a transformational agenda [...] It has taken 28 years to develop.²⁴⁶

Teresa Smith, who is a member of the team which has been commissioned to evaluate Children's Centres over the next five years, warned that

We are at the very beginning of the journey of being able to demonstrate to you whether Children's Centres work and to what extent they work [...] I suspect one lesson that has not been learned is that the impacts of programmes like this are always going to be relatively small scale in comparison with the outset expectations [...] but they will be in the right directions.²⁴⁷

117. However, there have already been calls from some quarters for the investment in Sure Start to be brought to an end because the benefits are not yet apparent.²⁴⁸ Emma Knights of the Daycare Trust articulated a concern of many stakeholders: "one worries that decisions are going to be made in the near future that don't necessarily wait for those evaluations."²⁴⁹ While there may be good reasons why there is no comprehensive evaluation information available yet, the current financial climate makes it unwise to simply assume the benefits.²⁵⁰ Martin Narey of Barnardo's told us: "The problem is there's not going to be any cash. We wouldn't be here giving evidence if Sure Start had yet proven its case. We have more to do to prove the long-term efficacy of Sure Start, much as I believe in it."²⁵¹

118. Encouragingly, the Minister showed that there is political understanding of the need to be patient, telling us that it is difficult to put a time constraint on cultural and aspirational shifts in families.²⁵² Liz Railton commented that "there is a risk of pulling up the seedling on a regular basis to see whether it is putting down roots".²⁵³

119. It is essential that Children's Centres are given time to prove their worth. Some Centres are not open yet and the majority of those that are open have been in place for less than four years. It would be catastrophic if Children's Centres were not afforded long-term policy stability and security of funding while evaluation is ongoing.

Children's Centres funding

120. Total revenue funding for Children's Centres has increased each year as the programme has expanded. From £371 million in the first year of the Children's Centres

²⁴⁶ Ev 13

²⁴⁷ Qq 6, 11

²⁴⁸ Institute of Directors and Taxpayers' Alliance, *How to save £50 billion* (September 2009), pp 25–6

²⁴⁹ Q 278

²⁵⁰ Ev 40

²⁵¹ Q 185

²⁵² Q 386

²⁵³ Q 368

rollout (2004), revenue funding is expected to have risen to over £1.1 billion in 2010–11.²⁵⁴ The Department states that “the Government has committed to fund Children’s Centres as part of their long-term strategy.”²⁵⁵ The Secretary of State, Rt Hon Ed Balls MP, told us that funding for Children’s Centres is included in the 75% of the Departmental budget which is being protected from cuts until 2013, with increases in line with inflation.²⁵⁶ No information has, however, been made available about the Sure Start, Early Years and Childcare Grant for the period after March 2011, when it is expected that the ring-fence around Children’s Centres funding as it is passed to local authorities will be removed.²⁵⁷ The National Audit Office reported that the majority of local authorities regard the current level of grant as essential to delivering the main services it is meant to pay for, that is: centre management and administration, family support, qualified teacher input to childcare, drop-in sessions and building maintenance. Significant numbers of local authorities also see the grant as essential or important to the provision of other services that it is *not* meant to fund, for example childcare.²⁵⁸

121. When the ring-fence ends, Dr Margy Whalley told us “it will be interesting to see how much local authorities value their Children’s Centres”.²⁵⁹ John Harris, speaking on behalf of the Association of Directors of Children’s Services, considered that, in the future, “there will need to be quite a sharp reappraisal, depending on the level of resourcing that is in place, and a judgement about where the major priorities will be”.²⁶⁰ Some respondents to the NAO’s survey speculated that local authorities would be likely to prioritise schools and child protection: “They were concerned that Children’s Centres had not yet had time to demonstrate impact, and that local authorities might prioritise the more established services that they were more familiar with.”²⁶¹

122. The Association of Directors of Children’s Services notes that:

Short-term funding cycles, and uncertainty about future funding levels, has hindered the ability of long-term planning of finances and development of sustainable services [...] There are concerns about continuing funding after the initial grant expires and in particular whether, in a tight funding settlement, the universal service can be sustained.²⁶²

Most Service Level Agreements between Children’s Centres and their partners will terminate in March 2011, as will contract agreements for charities acting as lead agents for

254 Ev 191. Figures include revenue funding for Sure Start Local Programmes, which constituted the large majority of the funding in 2004–05 and 2005–06.

255 Ev 181

256 Uncorrected transcript of oral evidence taken before the Children, Schools and Families Committee on 10 March 2010, HC (2009–10) 422-ii, Q 48; HC Deb, 15 March 2010, col 37WS

257 Q 40 [Dr Whalley]; Memorandum submitted by the National Audit Office, *Sure Start Children’s Centres* (December 2009), para 4.18; “Centres prepare for life after 2010”, *Children and Young People Now*, 4 June 2009.

258 National Audit Office, *Sure Start Children’s Centres*, paragraph 4.3 ; see also Q 128 [Councillor Peppiatt]

259 Q 40

260 Q 128

261 National Audit Office, *Sure Start Children’s Centres*, paragraph 4.18

262 Ev 39

local authorities.²⁶³ Barnardo's reported that there has been a decrease in the numbers of Children's Centres being put out to tender in some regions, and more of those that are put out to tender are being offered only on one-year contracts.²⁶⁴

123. 4Children pointed out that, although much service delivery can be achieved by utilising health, education or crime prevention funding streams, core resources are still needed to sustain management, administration, accommodation and outreach costs.²⁶⁵ Furthermore, such an approach would depend on the funding climate within those other services and their willingness to divert resources to an initiative whose immediate returns may not be obvious.²⁶⁶ It also assumes that services have resources available to be re-directed; for example, the assumption that a service using rooms in a Centre will be able to pay for that space, when in reality they hold no cashable budget for facilities.²⁶⁷ Several submissions made to the inquiry have articulated local authorities' concerns about the ongoing maintenance costs of Children's Centre buildings.²⁶⁸ Some councils are weighing up the merits of charging for services (other than childcare) as a sustainability strategy, exploring whether it can be done without compromising access for priority families.²⁶⁹

124. We asked the Minister whether in her view the funding for Children's Centres should continue to be ring-fenced. She responded:

My direct response to that is yes, because it is a protection for the development of the service. However, we are also talking about sustainability and how we bring pots of money, whether it is health or Jobcentre Plus, into that programme to develop it. The important first point—the Government have done this—is to secure the funding for the Sure Start Children's Centres in the continuation of this spending round and into the next. We then need to develop the work around outcomes to be sure that we are seeing the developments that we want. Thirdly, we have to see how we can have financial sustainability by not duplicating across health, Jobcentre Plus or Children's Centre funding, but by bringing it together.²⁷⁰

125. We consider that it would be unwise to remove the ring-fence around Children's Centres funding in the short or medium term; putting Centres at the mercy of local vicissitudes would risk radically different models and levels of service developing across the country, with differences out of proportion to the variation in community needs.

126. Local authorities clearly require more reassurance about future funding than they have so far received. Uncertainty in this regard is hampering long term planning and constructive voluntary sector involvement.

263 National Audit Office, *Sure Start Children's Centres*, paragraph 3.14

264 Ev 87

265 Ev 75

266 Ev 165

267 Q 330

268 Ev 41, 162, 247, 251

269 Ev 232, 270

270 Q 380

5 Partnership

127. The Childcare Act 2006 placed a duty on local authorities, Jobcentre Plus and NHS bodies to work together to improve the well-being of all children up to the age of five and to provide integrated early childhood services.²⁷¹ The Apprenticeships, Skills, Children and Learning Act 2009 amended the 2006 Act to require these relevant partners to consider providing their services through Children's Centres; guidance stresses that "strong reasons" are needed for a decision not to provide services in this way.²⁷² Jobcentre Plus and Primary Care Trusts are expected to contribute resources to supplement the services funded through the Sure Start, Early Years and Childcare Grant. Local authorities have strategic responsibility for planning Children's Centres, but the DCSF states that this should be done as part of a "local partnership, working within Children's Trust arrangements [which] defines the offer for each centre."²⁷³

Partnership between Children's Centres and health bodies

128. The Government's child health strategy, *Healthy lives, brighter futures*, produced jointly by the Department of Children, Schools and Families and the Department of Health in February 2009, envisages a strengthened role for Children's Centres in improving children's health and supporting parents from pregnancy onwards. The strategy states that advice and support services for parents during the early years "will ideally be delivered through the Sure Start Children's Centre, which provides an easy-to-access single point of contact for families."²⁷⁴ The strategy emphasises that health visitors will need to work across GP practices and Children's Centres when delivering the Healthy Child Programme, a clinical and public health programme comprising screening, immunisation, developmental reviews, information and guidance to support parenting. Each Children's Centre will, the strategy promises, have access to a named health visitor to oversee its health programme.

129. In many areas, productive partnerships between Children's Centres and mainstream health services are already well-established. Access to post-natal psychological support, speech and language therapy, midwifery, consultant and community paediatricians, 'well baby clinics', immunisation sessions, smoking cessation groups and nutritional advice has been facilitated by partnership working in different settings around the country.²⁷⁵ To cite one example of innovative collaboration, at a Centre in south Leeds, midwives and outreach workers combine to offer round-the-clock on call support for some of the most vulnerable parents.²⁷⁶ For some Children's Centres, a substantial proportion of referrals to

271 Childcare Act 2006, section 4

272 Childcare Act 2006, section 5E; DCSF, *Sure Start Children's Centres statutory guidance: consultation draft* (2009), p 11

273 Ev 181

274 DCSF and Department of Health, *Healthy lives, brighter futures: the strategy for children and young people's health* (February 2009), paragraph 3.52

275 Ev 44, 216, 218, 231, 269, 296

276 Ev 75

their family support services come from health practitioners. Family Nurse Partnership nurses are also frequently based in Children's Centres.²⁷⁷

130. For health agencies, Children's Centres offer community locations for service delivery, opportunities to improve communication with other professionals, and easy access to a range of supporting services for families.²⁷⁸ Local authorities have attributed some local improvements against health indicators such as breastfeeding rates and childhood obesity to the influence of Children's Centres.²⁷⁹ Individual councils have also reported that some health services (for example speech and language therapy and post-natal psychological support) have more success at engaging parents when they are based in Children's Centres rather than in clinics or GP surgeries.²⁸⁰ Close association of health services with Children's Centres can also make Centres more attractive to parents overall; the most vulnerable in particular may be more likely to form an early relationship with the Centre through health professionals.²⁸¹ There is evidence that where there is good integration of health services, Children's Centres function better and get better outcomes.²⁸²

131. However, many contributions to this inquiry have emphasised the variability of partnership working between Children's Centres and health agencies, and the challenges it poses.²⁸³ Professor Edward Melhuish told the Committee that "at the moment, PCTs vary dramatically in their involvement with Children's Centres, even though there is a statutory obligation to do something, which is very loosely defined."²⁸⁴ A survey of PCTs by the NHS Confederation in 2010 reported that 69% stated that local health services are either 'very involved' or 'quite involved' in Children's Centres.²⁸⁵ Dame Clare Tickell DBE, Chief Executive of Action for Children, told us that

we are finding health generally withdrawing slightly from where they were. A year ago they would have been better stitched in for us than they are at the moment and I wonder—they are slightly cyclical—if there is a lot of noise made, they join in. It is difficult sometimes for Primary Care Trusts and GPs exactly to see where we land and for us to be sufficiently in their line of vision for them to commit in a sustainable way to working with us. One of the issues for us is keeping health engaged over 12 or 18 months.²⁸⁶

132. The Pre-school Learning Alliance reports a mixed picture of health involvement at a more operational level:

277 Q 352

278 Ev 164, 269; Q 334

279 Ev 44, 269; See Annex

280 Ev 44; See Annex

281 Ev 269, 314, 318

282 Q 14; Ev 317

283 Ev 49, 76, 86, 137, 219, 253, 329; Qq 10 [Professor Siraj-Blatchford], 64, 244

284 Q 43

285 Ev 331

286 Q 223

Building links with health teams has been piecemeal with some counties having more success in securing involvement. Attendance at meetings and representation on advisory boards has been a struggle. [...] Baby massage groups and pre and post-natal sessions are run in some Centres by health visitors, but other Centres struggle to get that level of involvement [...] Some centres have an agreement that health visitors will give their details to new parents as the centre is unable to obtain direct information on families from the health visitor. Identifying families in need of outreach support can therefore be difficult.²⁸⁷

Health professionals sometimes find that Children's Centres do not have adequate space or the right facilities for the services they might want to deliver there.²⁸⁸

133. Health organisations have the most robust data about the whereabouts of parents with children under two.²⁸⁹ This information is invaluable to Children's Centres, who must make contact with all families with new births within eight weeks, but in many areas it is not made available to them.²⁹⁰ The NHS Confederation reported that incompatible IT systems continue to frustrate information sharing,²⁹¹ but this is not the only concern. The team at Queen's Park Children's Centre in Westminster told us that their ability in practice to share information in a way that is consistent with confidentiality guidelines does not reflect the Government's stated intentions for joint working. The Minister identified data sharing as a priority area of action, and told us that the DCSF is working with the Department of Health to provide guidance about when to share information that will assist understanding of a child or family's needs.²⁹²

134. We welcome the Minister's assurance that issuing guidance about information sharing between health professionals and others is a priority for the Department. We recommend that it contain a clear statement that new births data in particular must be shared with Children's Centres.

135. Health visitors and midwives often have good working relationships with Children's Centres—collaborations that go far beyond the mechanism of a named health visitor for each Centre as envisaged in the child health strategy—but there are fewer examples of close collaboration with general practitioners.²⁹³ Lorraine Cartwright, who manages Children's Centres in Essex for Ormiston Children & Families Trust, told us that “in my experience, GPs just do not know about Children's Centres. They do not know what they are. Only recently, I spoke to 60 GPs and they did not know what a Children's Centre did.”²⁹⁴ The Royal College of GPs acknowledged that GPs' interaction with Children's Centres is “patchy”, and may even have declined over recent years as Sure Start Local Programmes

²⁸⁷ Ev 235

²⁸⁸ Ev 142, 163, 333

²⁸⁹ Q 58

²⁹⁰ Ev 169, 264

²⁹¹ Ev 329

²⁹² Q 378

²⁹³ Q 156

²⁹⁴ Q 159; see also Q 329 [Professor Field]

were a more familiar initiative.²⁹⁵ Communication and engagement with children's services in general is hampered, said the Royal College, by the reluctance of PCTs to reimburse GPs for attendance at local children's boards and committees: "We are aware of several well-motivated GPs who do such work to improve co-ordination in their 'spare time' but this is clearly not a desirable situation or one that all GPs could undertake."²⁹⁶

136. It is unacceptable that GPs are able to categorise co-ordination with other services for children's well-being as an optional, 'spare time' activity. The Secretaries of State for Children, Schools and Families and Health must urgently follow through on the good intentions expressed in the joint child health strategy, published in 2009, to ensure that GPs play a full, active role in collaborative services for children and families, and in Children's Centres in particular.

137. Unfamiliarity with each others' working cultures and practices is reinforced by incompatibility between the performance management frameworks and policy priorities of health bodies and Children's Centres.²⁹⁷ In a study published in February 2010, the Audit Commission found inconsistencies between key strategic documents from local authorities and PCTs in their priorities for the under-fives, with PCTs focusing on 'Vital Signs'²⁹⁸ and operational plans rather than the Children and Young People's Plans for which Children's Trusts are now responsible.²⁹⁹ Efforts to agree joint priorities across an area have so far neglected early childhood services; only six of the 188 indicators in the National Indicator Set for local authorities relate to the health of under-fives, and none of these featured in the top 20 indicators chosen for inclusion in Local Area Agreements.³⁰⁰ Local authority and health services are completely separate hierarchies, which in some parts of the country work well together and in others, Professor Edward Melhuish told us, "barely talk to each other".³⁰¹ These problems are not insurmountable, but they demand careful consultation and communication.³⁰²

138. Uncertainty about the long-term future of Children's Centres and the unproven benefits of the programme jeopardise health sector involvement.³⁰³ Professor Iram Siraj-Blatchford told us that local authorities "have to be able to make clear how what they're doing will help the health sector to meet their targets. People need to be able to see what they're getting for the work that they're doing [...] There's not a great deal of altruism out there in that sense."³⁰⁴ In some areas, working between frontline staff is joined up well, and there may also be a partnership drive at a strategic level, but silos may still exist in the layers

295 Ev 166

296 Ev 168

297 Q 329–30 [Louise Silverton]

298 'Vital Signs' is a set of health outcome and quality indicators used by PCTs to develop their plans for delivery of national priorities and to inform decision-making on local targets.

299 Audit Commission, *Giving children a healthy start* (February 2010), paragraph 17

300 Audit Commission, *Giving children a healthy start* (February 2010), paragraph 15

301 Q 14

302 Q 333

303 Ev 86, 165, 330; Q 337 [Liz Gaulton]

304 Q 45; see also Q 223 [Martin Narey]

of middle management.³⁰⁵ The varied management structures adopted by Children's Centres can be difficult for outsiders to navigate.³⁰⁶

139. However, full integration of health services with Children's Centres can bring its own problems. The different professional groups within the health sector also need to maintain good communication, across boundaries that are sometimes more marked than professionals from other fields appreciate.³⁰⁷ This can be difficult if, for example, health visitors who have historically worked in GP surgeries base themselves in Children's Centres.³⁰⁸ Westminster City Council observed that "community health service partners, particularly health visitors, seem split between the needs of GPs and Children's Centres. [...] GPs see the health visitor as belonging to their surgery."³⁰⁹

140. Professor Edward Melhuish argued that the Secretary of State for Health "should take a much more active role in directing PCTs to take an active role in the running of Children's Centres. [...] because PCTs, left to their own devices, will not automatically do so."³¹⁰ Westminster City Council agreed that better guidance from the Department of Health on the role of health in Children's Centres "would reduce lengthy, time-consuming negotiations at local level about commitment."³¹¹ Emma Knights, representing the Daycare Trust, said that PCTs' patchy involvement was partly to do with whether they thought of Children's Centres as something that belongs to all the agencies involved, or as an additional external call on their resources.³¹²

141. The Sure Start Unit, when first set up in the then Department of Education and Employment, was overseen by a committee chaired by the Public Health Minister (Rt Hon Tessa Jowell MP) and composed of junior ministers from nine different government departments. The Public Health Minister reported to the Secretary of State for Employment and Education (then Rt Hon David Blunkett MP), who represented the Sure Start programme at Cabinet level. In the House, an innovative arrangement was established whereby questions about Sure Start were tabled for answer by the Department for Education and Employment, but were answered by the Minister for Public Health. Following the 2002 Comprehensive Spending Review, the Sure Start Unit was merged with the Early Years Division and the Childcare Unit in the Department for Education and Skills, and joint responsibility came to be formally held by the DfES and the Department for Work and Pensions. The formal responsibility of the Department of Health at ministerial level for the development of the Sure Start programme came to an end.³¹³ We asked the first Head of the Sure Start Unit, Naomi Eisenstadt, whether this had the effect of

305 Q 341 [Liz Gaulton]

306 Ev 329

307 Q 337 [Professor Field]

308 Qq 338 [Professor Field], 342; Ev 333

309 Ev 217

310 Q 44

311 Ev 217

312 Q 244

313 Belsky, Barnes and Melhuish (eds.), *The National Evaluation of Sure Start*, pp ix, 12; Norman Glass, "Sure Start: the development of an early intervention programme for young children in the United Kingdom", *Children and Society* 13 (1999), p 263; Norman Glass, "Surely some mistake?", *The Guardian*, 5 January 2005

distancing health services from the programme. She told us that, however ministerial responsibilities are apportioned, there will always be challenges in navigating the boundaries.³¹⁴

142. The Government showed a welcome burst of creative thinking in establishing cross-departmental governance arrangements for the Sure Start Unit at its inception. **We believe that it was a backwards step to end formal Department of Health responsibility for the Sure Start programme at ministerial level, a situation which has carried over to Children's Centres. This is clearly not the only reason why local health services are not consistently involved in Children's Centres either strategically or operationally—there are many practical and professional reasons why collaboration is difficult. Nonetheless, the Government should lead from the front by establishing joint DCSF and Department of Health responsibility for Children's Centres. The first task of the Ministers who take on this role should be ensuring that Children's Centres are prominently and consistently reflected in both Departments' policy priorities and performance frameworks.**

Health visitors

143. Health visitors were described to us as the “glue” in frontline child health work.³¹⁵ As part of the ‘Action on Health Visiting’ programme announced in March 2009, the Department of Health published *Getting It Right for Children & Families: maximising the contribution of the health visiting team* (October 2009), which defines the health visiting roles in child and family health. Among these roles are leading and delivering the Healthy Child Programme, and acting as the named health visitor in Children's Centres.

144. Family Action pointed out that an increased role for health visitors will require greater numbers in post, especially in the most deprived areas which may be less attractive places to work due to high caseloads.³¹⁶ The union Unite told us that the number of health visitors employed in England is “woefully insufficient”. They reported that, since 1998, there has been a drop of 12.95% in whole time equivalent health visitor posts, while the number of live births has increased by 8.51%. A survey of health visitors in August 2008 found that 69% said they did not have the capacity within their team to respond to the needs of the most vulnerable children.³¹⁷ The ‘Action on Health Visiting’ initiative will be looking at ways of increasing the numbers of qualified health visitors.³¹⁸

145. There is a close association between health visitors and outreach or family support workers in Children's Centres.³¹⁹ Health visitors have a unique opportunity to engage new parents in a Children's Centre;³²⁰ Westminster City Council told us that outreach is only

314 Q 67

315 Q 342

316 Ev 91

317 Ev 332

318 Q 162 [Janice Marshall]; Audit Commission, *Giving children a healthy start* (February 2010), paragraph 21

319 Ev 248, 266, 275, 333

320 Ev 318

effective when connected to health visiting services.³²¹ Family Action described how the relationship can work: health visitors assess family need and make referrals, family workers then follow up with various types of support for families. This support rarely requires the same level of training as health visitors, and demands more time than health visitors can typically afford.³²² Liz Gaulton, Service Director for Family Support and Children's Health at Knowsley Metropolitan Borough Council, said there is a need for a skills mix: "Health visits are an expensive resource and we need to use those skills wisely."³²³ Depending on circumstances, a health visitor, a GP, a nurse or a Children's Centre worker might be the best person to deliver a particular intervention.³²⁴

146. Health visitors have an immensely valuable role to play in co-ordinating health provision at Children's Centres and in maintaining links to other health professionals, especially GPs. It is vital that health visitors in all parts of the country are fully bound in to Children's Centres to allow Centres to reach their full potential as hubs for all services for children under five.

Partnership between Jobcentre Plus and Children's Centres

147. Links with Jobcentre Plus are part of the Children's Centre core offer for all phases; this service can take the form of vacancy boards in the Centre, internet access, advisers offering one-to-one or group support, a named 'link adviser' acting as a direct contact point for parents at the Jobcentre, or leaflets and posters advertising Jobcentre Plus services. Again, this element of partnership working is best characterised as inconsistent across the country.³²⁵ Ofsted reported that in a recent small survey of Centres that "no heads of Centre were fully satisfied with the quality of the link. Three Centres provide on-site sessions with Jobcentre advisers. In two Children's Centres, Jobcentres were said to provide no more than a list of the top ten vacancies."³²⁶

148. The Department has said that the nature of the link between Jobcentre Plus and Children's Centres should be "negotiated locally and agreed in the light of circumstances, demand and community requirements". However, the DCSF also drew our attention to research published by the Department for Work and Pensions in 2008 which showed that involvement was most effective when an adviser ran sessions in a Children's Centre and took the initiative in meeting users. A series of pilot projects have been running since 2008 to test innovative approaches to eradicating child poverty, including enhanced employment-focused services in Children's Centres; the final evaluation report is expected in mid-2011.

149. The Government's default position that the shape of services delivered through Children's Centres should be determined locally is welcome. However, where research

321 Ev 217

322 Ev 91

323 Q 343 [Liz Gaulton]. Unite challenged the statement that health visitors are an expensive resource (Ev 333).

324 Q 348

325 Ev 137, 261, 318; Qq 154, 155, 216 [Anne Longfield], 222, 223, 372

326 Ofsted, *The impact of integrated services on children and their families in Sure Start Children's Centres* (July 2009), paragraph 26

and pilot projects give clear indications of the features of effective services—such as the type of Jobcentre Plus involvement that gets the best results—local negotiations should be backed up by a clear expectation nationally that best practice should become common practice.

Partnership between Children's Centres and schools

150. Good links between Children's Centres and primary schools are important to ensure continuity of care and support for families and a smooth transition for children.³²⁷ Many local authorities manage this relationship through strategic working teams responsible for Extended Services in schools.³²⁸ Working with clusters of schools is one way for Children's Centres to link themselves strategically to all the schools they should be working with in an area and prevent one school dominating the agenda.³²⁹ On the ground, links might be maintained by family support workers or parent support advisors, or individual members of staff with responsibility for a particular cross-phase issue or transition.³³⁰

151. As with health services, relationships between schools and Children's Centres are variable in their extent and effectiveness—even where the two provisions share a site—and often depend on the attitude of individual headteachers.³³¹ An Ofsted survey found that many primary schools “did not appear to understand the underlying principles of Children's Centres.”³³² As with health services, there can be reluctance to share information about families, and unfamiliarity with each other's professional roles.³³³ It is the practice in some places, but by no means all, for the Children's Centre leader to be on the senior management team of a primary school to which they are linked, or for the headteacher to be on the Children's Centre board.³³⁴

The role of Children's Trusts

152. Where different agencies are working well together, this is often attributed to good, long-standing relationships between the principal parties.³³⁵ But individuals move on and local circumstances can change; a more robust mechanism is needed to underpin collaboration and to be held accountable for its impact. The main instrument of local inter-agency co-operation is Children's Trusts, which have existed in many areas for several years as the vehicle for the ‘duty to co-operate’ conferred on certain agencies by section 10 of the 2004 Children Act: strategic health authorities, primary care trusts, police authorities, local probation boards, youth offending teams, Connexions partnerships, the

327 Ev 40, 61, 76, 80

328 Ev 230, 241

329 Qq 147, 182 [Clare Tickell]

330 Ev 247, 270

331 Ev 49, 146, 235, 317

332 Ev 318

333 Ev 219, 235

334 Q 29 [Dr Whalley]

335 Ev 329; Q 251 [Emma Knights]

Learning and Skills Council and district councils were all placed under the duty along with local authorities with children's services responsibilities.

153. The Apprenticeships, Skills, Children and Learning Act 2009 made Children's Trust Boards statutory bodies, transferred responsibility for producing and delivering the local Children and Young People's Plan from local authorities to the Boards, and extended the number of statutory partners. These now include maintained schools, Academies, further education colleges and Jobcentre Plus. DCSF guidance states that local Children's Centre advisory boards should be represented on the Children's Trust Board, and should represent the interests of young children in the formulation of the Children and Young People's Plan.³³⁶

154. John Harris of the Association of Directors of Children's Services told us that joint investment in Children's Centres "is easy to achieve where good alignment has been established at Children's Trust level, and when you have some idea about shared outcomes and are clear where the Children's Centres programme fits into it."³³⁷ He told us that the role of Children's Trusts is vital in ensuring that the right levels of resources are committed to the right areas and services, based on their assessment of the levels of need for vulnerable children and families in their area.³³⁸

155. Representatives of teachers' unions were, however, sceptical about the value of Children's Trusts. John Bangs of the NUT stated that

I think they're an artificial construct [...] that actually bedevils providers on the ground and prevents them from getting together and working out a relationship together. [...] What we have now [...] is an unaccountable extension of a local authority through a Children's Trust, which is based on the concept that somehow all you have to do to get integration is put the bureaucratic procedures in place.³³⁹

Speaking on behalf of the ATL, Martin Johnson commented, "I am not sure that I can point you to an example where one is working in the way that is intended."³⁴⁰ Margaret Lochrie considered that such a sweeping judgement was unjustified: "I think they work across a range of degrees of working well."³⁴¹ Liz Gaulton, representing Knowsley Metropolitan Borough Council, was confident that "Children's Trusts will improve matters".³⁴²

156. A survey of PCTs by the NHS Confederation in 2010 showed that three-quarters of PCTs said they were "very involved" in their Children's Trust, with almost 90% saying that contact with the Children's Trust was at director level. PCTs said that clear evidence of improved outcomes for children would encourage them to get more involved, and cited

336 DCSF, *Sure Start Children's Centres: performance, achievements and outcomes review* (January 2010)

337 Q 126

338 Q 111

339 Q 248

340 Q 245

341 Q 134

342 Q 337

lack of clarity, competing agendas and separate reporting frameworks as barriers to involvement.³⁴³

157. The operation of Children's Trusts is an issue much wider than its impact on Children's Centres. However, Children's Centres are now the principal way in which co-operation to improve the outcomes of very young children takes place, and in some places they will depend upon the smooth functioning of Trusts to secure contributions from their principal partners. **Children's Trusts are still young organisations. This Committee and its successors will take a keen interest in how they develop, particularly whether they prove successful at improving the consistency of partnership working with schools, Jobcentre Plus and Primary Care Trusts. The Government should consider ways in which Children's Trusts can be used as a mechanism for ensuring that all partners take ownership of Children's Centres as a core activity of their own organisation.**

Voluntary sector involvement

158. Some local authorities run their Children's Centres largely in partnership with the voluntary sector—for example, Leicester City Council has an authority-wide arrangement with Barnardo's. In most areas there is a mixed economy of Children's Centres management, and a variety of services will also be commissioned from the voluntary sector.³⁴⁴ Northumberland County Council noted the advantages of voluntary sector involvement: “the non-stigmatising and non-threatening nature of the sector is crucial.”³⁴⁵ Large charities are regarded as contributing strong organisational support and established systems for tracking quality and outcomes, while smaller, local organisations are particularly valued for being known and trusted by the community. The creativity and community development skills often present in the third sector are also valued. Ofsted noted that former Sure Start Local Programmes managed by the voluntary sector tended to have a particular strength in family support and outreach.³⁴⁶

159. Witnesses estimated that around 300 Children's Centres are being run by national voluntary sector organisations, with around another 100 being managed by local voluntary sector groups.³⁴⁷ Local authorities have involved the third sector in Centre management to varying extents; smaller organisations in particular can be at a disadvantage in pitching for the work because, if kept in-house by a local authority, they may be able to absorb some of the costs of, for example, building works.³⁴⁸ In some areas decisions have been made to run all Children's Centres in a particular phase in one way, such as through schools, reducing opportunities to bid.³⁴⁹ Asked if all Children's Centres should be run by the voluntary sector, Martin Narey replied that “the key is not who should provide them, but using

343 Ev 330–1

344 Ev 291

345 Ev 49

346 Ev 317

347 Q 190

348 Q 191 [Clare Tickell]

349 Q 186

competition to make sure that the quality and the value for money of Children's Centres is at the highest level."³⁵⁰

160. Ormiston Children & Families Trust was critical of the effect that commissioning can have on partnership working, as potential partners compete and become reluctant to share resources.³⁵¹ Action for Children told us that the transfer of responsibility for Sure Start to local authorities had fragmented the commissioning process.³⁵² Home-Start UK noted that commissioning of their service by individual Centres—and in some cases even “spot-purchasing” of support for individual families—meant a labour-intensive process of applying for relatively small amounts of money from several Centres.³⁵³ Mohamed Hammoudan of Community Matters, a national federation of community associations, reported that small community organisations—those not in a position to run Centres but who may be able to contribute valuable additional services—in many places feel ‘squeezed out’ by Children's Centres.³⁵⁴

161. Children's Centres can benefit greatly from the skills, expertise and distinctive approach of voluntary sector organisations. We are concerned to hear that in some cases, organisations have felt excluded either from opportunities to run Centres on behalf of local authorities, or opportunities to contribute to the range of services on offer. We recommend that the Government consider making it compulsory for Children's Centre advisory boards to include local voluntary and community sector representation. This would aim to ensure that Children's Centres give these organisations a platform for their services rather than competing with them.

350 Q 186

351 Ev 60

352 Ev 80

353 Ev 301

354 Q 306; see also Qq 313, 314

Annex: record of visit to Queen's Park Children's Centre, Westminster

This is a note of the discussions the Committee had with council officers and members of the team at Queen's Park Children's Centre on 25 November 2009.

There are 15 Children's Centres covering the whole Westminster City Council area, of which 12 were established in Phases One and Two of the programme. 47% of children in the borough live below the poverty line, and the nearby Mozart Estate is on one indicator the most deprived 'super output area' in the country. The area also has some of the highest population mobility in the country; there is 30% annual turnover in the electoral register, which is undoubtedly an underestimate of the true extent of mobility.

The Dorothy Gardner Centre was established in 1975 to provide a service to the nearby estate. Daycare and nursery schooling were initially provided separately, but from the start it was a multi-agency endeavour, with drop-ins for parents and health visitors and paediatricians holding clinics there. The multi-agency aspect to the Centre's work has always continued, and the current development of the Children's Centre "feels like having come full circle". However, the recent expansion in services through the Children's Centre has greatly increased Dorothy Gardner Centre's work in the area.

The ethos espoused by the Dorothy Gardner Centre—which has run right through the different incarnations of the project as an Early Excellence Centre, part of a Sure Start Local Programme, and now a Children's Centre—is to provide families and children with access to a range of opportunities which will help them to develop resilience and independence, and which promote educational achievement. This way of working leads to a richer and deeper relationship between families and services, and a much better understanding by professionals of families' needs and circumstances.

The Primary Care Trust was the lead body for two of the borough's Sure Start Local Programmes, so good working relationships between health and others evolved at an early stage. The involvement of health visitors in particular is regarded as crucial for making contact with 'hard-to-reach' families. An outreach 'core offer' has been developed across Westminster, which ensures that all families are offered a referral to a Children's Centre during their initial contact with a health visitor; this practice has evolved to the point where it is "completely routine". Health visitors do not, however, have the capacity to take on in-depth work with families over a long period of time, for which dedicated outreach workers are needed. Liza Butterfield, Health Visitor Team Leader, said, "If the Children's Centre was not here, my job would be unimaginably difficult."

It is very rare for a family to refuse a health visitor visit, and only a low proportion of families—estimated at between 10 and 15%—refuse the Children's Centre referral. This can be because they are already in touch with the Centre, but some families do feel overwhelmed by multiple approaches from different services and choose not to engage at that point. However, any family that consents to being on the Children's Centre's database will continue at the very least to receive information about the Centre's services. Families

ultimately retain the right not to accept services. All the Children's Centre staff can do is to offer, to be persistent and "to charm people—which we are all very good at!"

Citywest Homes (Westminster's ALMO) now refer families moving into their properties to Children's Centres. There is a system of formal notification to health visitors of families moving into an area, but the system often lags behind knowledge obtained through other channels. In some instances, it is only a referral from Accident & Emergency departments that alerts the Centre to a new family. The Centre staff believe it is only very few who slip through the net—but it is impossible to know.

In September 2009, each Children's Centre began holding Early Assessment and Support Team (EAST) meetings, which track the small proportion of children whose families are not engaging with any services. When families move out of the area, there are guidelines for contact between their former and new health visiting teams to ensure that they are not 'lost'. There are particular requirements for the transfer of notes and knowledge about children regarded as vulnerable. Once a family has been in contact with services, it is then very rare to lose track of them.

Relationships with GPs are not as well-developed as the Children's Centre team would like. There is one local GP who refers regularly to the Centre, but this was described as "unique"; it is not a habit embedded in working practices at surgeries. The police are not a major partner in the Children's Centre, but attend case conferences and supply a lot of information for parents through the Centre.

Flexibility is one of the main characteristics of the Centre's work with families. An example was a Bangladeshi family who, having missed many health appointments, would normally have been struck off lists and not followed up. When they were visited by a Sure Start Local Programme speech and language therapist, however, it became apparent that, besides the difficulty the mother had in understanding appointment letters, she was also experiencing debilitating guilt over the death of one of her children. Without the contact from the Sure Start worker, her family would have remained isolated from services.

A high proportion of families in the borough are in overcrowded, temporary or substandard accommodation. Many experience isolation and complex circumstances because of the "in-betweenness" of their lives. It is challenging to deliver meaningful support to families which are in an almost permanent state of transition. Many parents feel that they cannot take any control over their lives until their housing problems are resolved. The sort of things that make a big difference are the availability of space for play outside the home, and being in touch with others in similar circumstances—both of which the Centre offers.

The Children's Centre approach, and particularly co-location, eases the transition between services for parents; they can make contact or be referred for one particular service, and end up accessing many others that are housed in the same building or staffed by now familiar faces. This includes Jobcentre Plus, which is otherwise often regarded as unapproachable by parents. Westminster is one of the pilot areas for the "Work-focused services in Children's Centres" project, which is enhancing the already-expected partnership work of Children's Centres with Jobcentre Plus advisers.

The lead agency for the Queen's Park Sure Start Local Programme was a Family Service Unit, from which the Children's Centre has inherited a strong focus on social work and in particular domestic violence issues. The Centre's Family Relationships Workers are effective in introducing women who have experienced domestic violence, and who might otherwise be very reluctant to engage, to a wide range of services.

Having staff that speak the main languages used in the local community (principally Bengali and Arabic but increasingly Kurdish and Albanian) and understand the cultural issues is vital for outreach, family support and early childhood work. Disclosures of domestic violence, for example, would rarely happen without workers who have the appropriate language and cultural skills. Helping parents understand the importance of talking to their children is seen as very important; bilingual parents are encouraged to speak in their most fluent language in order to help their children develop strong communication skills. This will be a good foundation for learning English and for growing up with the advantages that come from being bilingual.

The Centre has a dedicated fathers' worker, and the level of attendance at services by fathers is monitored. There have been encouraging developments, with markedly better attendance by fathers at Saturday activities in particular, and a small number of fathers taking part in the 'Triple P' parenting programme.

The delivery of speech and language therapy in Westminster has changed a great deal as a direct result of the development of Children's Centres. Previously, children were only seen if referred to a clinic, there was a high proportion of unfulfilled appointments, and no-shows were not followed up. Now the service is much more flexible and responsive to parents. Targeted work can be done in family homes as well as in clinic venues (including Children's Centres), and universal services aimed at prevention and early intervention have been developed. This is a product of both additional resources (that is, recruitment of additional therapists) and a new way of working that has been further encouraged by the Bercow Review.

Communication between agencies is not always easy, and Centre staff do have concerns about children slipping through the net, while wanting to keep unnecessary bureaucracy to a minimum and adhere to good practice on data protection. This balancing act demands very skilled practitioners—professionals who are comfortable dealing with risk, and with circumstances that do not fit into neat boxes. Getting parents' consent to make referrals and to share information can be difficult and time-consuming. The team reported that their ability in practice to share information in a way that is consistent with confidentiality does not reflect the Government's stated intentions for joint working.

One consequence of integrated multi-agency teams is that staff whose jobs cross different agencies will often end up migrating to those agencies offering better pay or conditions for a similar role, contributing to staff shortages in some places. For example, nursery nurses employed by Children's Centres are often paid more than those employed in the health sector.

There is some anxiety that the current strength of services for young children and their families, achieved through a long period of growth, will not be sustained in the future. Introduction of the Early Years Single Funding Formula is a source of anxiety for the care

and education settings in some Children's Centres. The introduction of Early Years Professional Status was seen as positive, but only a starting point for maintaining teams of high quality staff.

Formal Minutes

Monday 15 March 2010

Members present:

Mr Barry Sheerman, in the Chair

Karen Buck
Mr David Chaytor

Helen Southworth
Mr Graham Stuart

Draft Report (*Sure Start Children's Centres*), proposed by the Chairman, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 161 read and agreed to.

Summary agreed to.

Annex agreed to.

Motion made and Question put, That the Report be the Fifth Report of the Committee to the House.

The Committee divided.

Ayes, 3

Noes, 1

Ms Karen Buck
Mr David Chaytor
Helen Southworth

Mr Graham Stuart

Resolved, That the Report be the Fifth Report of the Committee to the House.

Ordered, That the Chairman make the Report to the House.

Written evidence was ordered to be reported to the House for printing with the Report, together with written evidence reported and ordered to be published on 14 October 2009.

Ordered, That embargoed copies of the report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Wednesday 17 March at 9.15 am]

Witnesses

Monday 2 November 2009

Page

Professor Edward Melhuish, Executive Director, National Evaluation of Sure Start; **Professor Iram Siraj-Blatchford**, Professor of Early Childhood Education, Institute of Education; **Teresa Smith**, Department of Social Policy and Social Work, University of Oxford, and **Dr Margy Whalley**, Director of the Pen Green Centre Research, Development and Training Base

Ev 13

Monday 9 November 2009

Naomi Eisenstadt, Former Head of the Sure Start Unit, Department for Education and Skills

Ev 31

Monday 7 December 2009

Jan Casson, Children's Centre Locality Manager, Northumberland County Council; **John Harris**, Association of Directors of Children's Services, and **Councillor Quintin Peppiatt**, Lead Member for Children's Services, London Borough of Newham

Ev 51

Lorraine Cartwright, Essex Area Manager, Ormiston Children and Families Trust; **Cynthia Knight**, Head of St Thomas' Children's Centre, Birmingham; **Janice Marshall**, Head of Treetops Children's Centre, Brent, and **Richard Thornhill**, Headteacher, Loughborough Primary School and Children's Centre, Lambeth

Ev 63

Monday 14 December 2009

Helen Dent CBE, Chief Executive, Family Action; **Anne Longfield**, Chief Executive, 4Children; **Martin Narey**, Chief Executive, Barnardo's, and **Dame Clare Tickell DBE**, Chief Executive, Action for Children

Ev 92

Wednesday 16 December 2009

John Bangs, Assistant Secretary for Education, Equality and Professional Development, National Union of Teachers; **Martin Johnson**, Deputy General Secretary, Association of Teachers and Lecturers; **Emma Knights**, Joint Chief Executive, Daycare Trust, and **Purnima Tanuku**, Chief Executive, National Day Nurseries Association

Ev 123

Mohamed Hammoudan, National Youth Programme Manager, Community Matters; **Margaret Lochrie**, Director, Capacity; **Melian Mansfield**, Chair, Early Childhood Forum, and **Ben Thomas**, National Officer (Education and Children's Services), Unison

Ev 149

Wednesday 13 January 2010

Professor Steve Field, Chairman, Royal College of General Practitioners; **Liz Gaulton**, Service Director for Family Support and Children's Health, Knowsley Metropolitan Borough Council, and **Louise Silverton**, Deputy General Secretary, Royal College of Midwives Ev 169

Rt Hon Dawn Primarolo MP, Minister for Children, Young People and Families; **Ann Gross**, Director of the Early Years, Extended Schools and Special Needs Group, Department for Children, Schools and Families, and **Liz Railton**, Chief Executive, Together for Children Ev 191

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2	Institute of Education (IOE), University of London	Ev 5
3	Dr Margy Whalley, Director of Research, Training and Development, Pen Green Research Base, Pen Green Centre for Children and Families	Ev 10
4	Association of Directors of Children's Services Ltd (ADCS)	Ev 39
5	London Borough of Newham	Ev 42
6	Northumberland County Council	Ev 47
7	Ormiston Children and Families Trust	Ev 59
8	Cynthia Knight, Head of St Thomas' Children's Centre, Birmingham	Ev 71
9	4Children	Ev 73
10	Action for Children	Ev 78: Ev 108
11	Barnardo's	Ev 83
12	Family Action	Ev 87
13	Association of Teachers and Lecturers (ATL)	Ev 109
14	Daycare Trust	Ev 112
15	National Day Nurseries Association	Ev 115
16	National Union of Teachers	Ev 119
17	Capacity	Ev 134
18	Community Matters	Ev 138
19	Early Childhood Forum (ECF)	Ev 140
20	UNISON	Ev 144: Ev 157
21	Knowsley Metropolitan Borough Council	Ev 159
22	Royal College of Midwives (RCM)	Ev 162
23	Royal College of General Practitioners	Ev 166
24	Department for Children, Schools and Families (DCSF)	Ev 179: Ev 190
25	Letter to the Chairman from the Rt Hon Dawn Primarolo MP, Minister of State for Children, Young People and Families, Department for Children, Schools and Families	Ev 201
26	Helen Penn and Eva Lloyd, Co-Directors, International Centre for the Study of the Mixed Economy of Childcare (ICMEC), Cass School of Education, University of East London	Ev 204
27	Families Need Fathers (FNF)	Ev 206

28	Beverley Smith	Ev 207
29	National Childminding Association (NCMA)	Ev 210
30	Barnardo's and Leicester City Council	Ev 213
31	Westminster City Council	Ev 217
32	Exeter Children's Centre	Ev 218
33	Federation of Small Businesses (FSB)	Ev 219
34	Sure Start West Riverside Children's Centres	Ev 220
35	Gingerbread	Ev 223
36	Sarah Benjamins	Ev 227
37	Fordingbridge and District Community Association in Hampshire	Ev 229
38	Hammersmith and Fulham Council	Ev 229
39	Eastfield Nursery School and Children's Centre and Eastfield Community Centre	Ev 233
40	Pre-school Learning Alliance	Ev 234
41	CABE	Ev 236
42	Kent Children's Trust	Ev 239
43	National Deaf Children's Society (NDCS)	Ev 243
44	Worcestershire County Council	Ev 244
45	Save Camborne Children's Centre Action Group	Ev 248
46	Whipton and Beacon Heath Children's Centre parent forum in Exeter	Ev 252
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48	Jane Lane	Ev 254
49	Commission for Rural Communities	Ev 259
50	National Institute of Adult Continuing Education (NIACE)	Ev 263
51	Walsall Children's Centres	Ev 265
52	North Tyneside Council	Ev 268
53	Black Voices Network	Ev 271
54	Jenny Martin, Head of the Leys Children's Centre	Ev 275
55	Children England	Ev 278
56	Play England	Ev 281
57	Northamptonshire County Council	Ev 283
58	I Can	Ev 285
59	Newcastle City Centre	Ev 289
60	Birmingham City Council	Ev 294
61	Spurgeons	Ev 298
62	Home-Start UK	Ev 301
63	Pauline Trudell and Barbara Riddell	Ev 304
64	British Association of Early Childhood Education (Early Education)	Ev 307
65	Association of Senior Children's and Education Librarians (ASCEL)	Ev 310
66	Family and Parenting Institute	Ev 311
67	Sustrans	Ev 314
68	Office for Standards in Education, Children's Services and Skills (Ofsted)	Ev 316
69	Lincolnshire County Council	Ev 319
70	Blaby District, Oadby and Wigston Borough Council	Ev 324
71	Klaus Wedell CBE, Emeritus Professor, Institute of Education, University of London	Ev 325

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List of unprinted evidence

The following written evidence has been reported to the House, but to save printing costs has not been printed and copies have been placed in the House of Commons Library, where they may be inspected by Members. Other copies are in the Parliamentary Archives (www.parliament.uk/archives), and are available to the public for inspection. Requests for inspection should be addressed to The Parliamentary Archives, Houses of Parliament, London SW1A 0PW (tel. 020 7219 3074; email archives@parliament.uk). Opening hours are from 9.30 am to 5.00 pm on Mondays to Fridays.

National Audit Office

List of Reports from the Committee during the current Parliament

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

Session 2009–10

First Report	School Accountability	HC 88-I and II (<i>HC 486</i>)
Second Report	Elective Home Education	HC 39-I and II (<i>HC 423</i>)
Third Report	The Work of the Committee in 2008–09	HC 187
Fourth Report	Training of Teachers	HC 275-I and II
Fifth Report	Sure Start Children's Centres	HC 130-I and -II
Sixth Report	Learning outside the classroom	HC 418
Seventh Report	The Early Years Single Funding Formula	HC 131

Session 2008–09

First Report	Public Expenditure	HC 46 (<i>HC 405</i>)
Second Report	The Work of the Committee in 2007–08	HC 47
Third Report	Looked-after Children	HC 111-I and II (<i>HC 787</i>)
Fourth Report	National Curriculum	HC 344-I and II (<i>HC 645</i>)
Fifth Report	Allegations Against School Staff	HC 695 (<i>HC 1000</i>)
Sixth Report	Policy and delivery: the National Curriculum tests delivery failure in 2008	HC 205 (<i>HC 1037</i>)
Seventh Report	Training of Children and Families Social Workers	HC 527-I and II (<i>HC 358 of Session</i>)

		2009–10)
Eighth Report	Appointment of the Children's Commissioner for England	HC 998-I and II

Session 2007–08

First Special Report	Creative Partnerships and the Curriculum: Government Response to the Eleventh Report from the Education and Skills Committee, Session 2006–07	HC 266
Second Special Report	Special Educational Needs: Assessment and Funding: Government Response to the Tenth Report from the Education and Skills Committee, Session 2006–07	HC 298
First Report	Children and Young Persons Bill [Lords]	HC 359 (<i>HC 711</i>)
Second Report	The Department for Children, Schools and Families and the Children's Plan	HC 213 (<i>HC 888</i>)
Third Report	Testing and Assessment	HC 169-I and II (<i>HC 1003</i>)
Fourth Report	The Draft Apprenticeships Bill	HC 1082 (<i>HC 259 of Session 2008–09</i>)